09/20/2006 17:24

Image# 26930401153

# FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Use Only

				Office OSC Offiy				
1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	Example:If typing, type over the lines					
L	American Hospital Association	on PAC			Ш			
Ш								
AD	DRESS (number and street)	325 Seventh Street, NW			. 1			
•		Suite 700						
	Check if different than previously reported. (ACC)	Washington		DC 20004 -				
2.	FEC IDENTIFICATION NUM	IBER ♥ CIT	YA	STATE A ZIPCODE A				
	C00106146	3. IS	THIS EPORT X NEW (N) OF	AMENDED (A)				
4.	TYPE OF REPORT (Choose One)	Due On:	20 (M2) May 20 (M 20 (M3) Jun 20 (M	Year Only				
	(a) Quarterly Reports:		20 (M4) Jul 20 (M7	Year Only	у)			
	April 15 Quarterly Report(C	11)						
	July 15 Quarterly Report(Q	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (	12R)			
	October 15	Report for the:	Convention (12C)	Special (12G)				
	Quarterly Report(C January 31 Quarterly Report(Y		n on	in the State of				
	July 31 Mid-Year Report(Non-electio Year Only) (MY)	Post -Election	General (30G)	Runoff (30R) Special (	(30S)			
	Termination Report	Report for the:		in the	_			
	(	Electio	n on	State of				
5.	Covering Period 0.8	3 01 2006	through 0.8	3 1 2 0 0 6				
l ce	rtify that I have examined this	Report and to the best of my kno	wledge and belief it is true, corre	ect and complete.				
Тур	Type or Print Name of Treasurer  Ms. Melinda Hatton							
Sig	Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date 09 20 2006							
NO	TE : Submission of false, erro	neous, or incomplete information	may subject the person signing	this Report to the penalties of 2 U.S.C 437g.				
	Office Use Only			FEC FORM 3X (Rev. 02/2003)				
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### Image# 26930401154

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

F	eport Covering the Period: From:	01 2006	To: 08 31 2006
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Y2006		941820.56
	(b) Cash on Hand at Begining of Reporting Period	945108.85	
	(c) Total Receipts (from Line 19)	170493.72	872231.92
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1115602.57	1814052.48
7.	Total Disbursements (from Line 31)	81841.72	780291.63
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1033760.85	1033760.85
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

м м 0 8 <sup>D</sup> 0 1

<sup>Y</sup> 2 0 0 6

то.

м м 0 8 <sup>D</sup> 3 1

<sup>Y</sup> 2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	66780.34	310962.45
	(ii) Unitemized	48318.61	176874.64
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	115098.95	487837.09
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	6666.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	115098.95	494503.09
2.	Transfers From Affiliated/Other Party Committees	55035.00	373535.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
•	to Federal candidates and Other Political Committees	0.00	1500.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	359.77	2693.83
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	170493.72	872231.92
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	170493.72	872231.92

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.41.70	19650.59
	Expenditures(c) Total Operating Expenditures	341.72	19650.59
	(add 21(a)(i), (a)(ii) and (b))	341.72	19650.59
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	80900.00	724901.00
4.	Independent Expenditure	0.00	35000.04
5.	(use Schedule E)	0.00	35000.04
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6	Loan Repayments Made	0.00	0.00
Ο.	Loan riepayments wade		
	Loans MadeRefunds of Contributions To:	0.00	0.00
Ο.	(a) Individuals/Persons Other Than Political Committees	600.00	740.00
	man Fontical Committees		
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	600.00	740.00
	(add Lines 28(a), (b), and (c))	600.00	740.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,	21211 = 2	
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	81841.72	780291.63
2.	Total Federal Disbursements		
•	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	81841.72	780291.63

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	115098.95	494503.09
34.	Total Contribution Refunds (from Line 28(d))	600.00	740.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	114498.95	493763.09
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	341.72	19650.59
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	341.72	19650.59

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 104					
TEMIZED RECEIPTS		or each category of the	(check only one)					
		Detailed Summary Page	13 14 15 16 17					
Any information copied from such Reports and St or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)								
American Hospital Association PAC								
Full Name (Last, First, Middle Initial)  A. New York Hospital & Healthcare Assoc. FED PAC	:		Date of Receipt					
Mailing Address One Empire Drive			08 02 2006					
City	State	Zip Code	Transaction ID: 12820566					
Rensselaer	NY	12144	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	<b>C</b> C0016	60259	10000.00					
Name of Employer	Occupation							
Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼						
Other (specify) ▼		50000.00						
Full Name (Last, First, Middle Initial)  New York Hospital & Healthcare Assoc. FED PAC	;		Date of Receipt					
Mailing Address One Empire Drive		Zip Code	08 23 2006					
City	State	Transaction ID: 12892825						
Rensselaer	NY	12144	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	<b>C</b> C0016	60259	10000.00					
Name of Employer	Occupation							
Receipt For:	Aggregate Ye	ear-to-Date ▼						
Primary General		60000.00						
Other (specify)	0 0 0							
Full Name (Last, First, Middle Initial)  Texas Hospital Association HOSPAC - Federal			Date of Receipt					
Mailing Address P.O. Box 15587			08 / 29 / 2006					
City	State	Zip Code	Transaction ID: 12899884					
Austin	TX	78761-5587	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	<b>C</b> C0030	01325	4800.00					
Name of Employer	Occupation							
Receipt For:	Aggregate Ye	ear-to-Date ▼						
Primary General Other (specify) ▼	0 0 0	71800.00						
SUBTOTAL of Receipts This Page (optional)			24800.00					
TOTAL This Period (last page this line number of	only)	<b>.</b>						
	-···j/ ······	······						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	-	OR LINE neck on 11a 13	ly one		11c 15	SE 7/1	! _		17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any pers dress of any political committee to	on for	the pur it contril	pose butior	of solici ns from	ting con	tributio mmitte	ns e.		
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800				Date of Receipt  0 8 1 0 2 0 0 6								
	City	State	Zip Code	-	Transa	ction	1D: 12	296668	6			
	Sacramento	CA	95814				Each Re			d		
	FEC ID number of contributing federal political committee.	<b>C</b> C00						25000	.00			
	Name of Employer Occupation											
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 105000.00	]								
В.	Full Name (Last, First, Middle Initial) Health Alliance of PA PAC - Federal				Date o	f Rec	eipt					
	Mailing Address Post Office Box 8600				M M	/	23	/ Y	200	) 6		
	City	State	Zip Code		Transa	ction	ı ID: 12	298819	2			
	Harrisburg	PA	17105-8600	_	Amour	nt of E	Each Re	ceipt th	is Perio	d		
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0128082						5235	.00		
	Name of Employer	Occupation	ו									
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 75235.00	]								

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	30235.00
TOTAL This Period (last page this line number only)	<u> </u>	55035.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 104
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)    X   11a   11b   11c   12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. David H. Wiesman			Date of Receipt
	Mailing Address 4521 Hickory Grove Blvd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12852503
	Greenwood	IN	46143-7448	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Indiana Hospital&Health	Occupation Vice Pres		
	Association Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)	0 0	250.00	
	Full Name (Last, First, Middle Initial) Mr. Gregory W Lintjer			Date of Receipt
٥.	Mailing Address 53308 Monticola Lane	M M / D D / Y Y Y Y		
		08 14 2006		
	City	State	Zip Code	Transaction ID: 12852508
	Bristol	IN	46507-9692	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Elkhart General Healthcare	Occupation President		
	System   Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Robert E. Morr, Jr.			Date of Receipt
	Mailing Address 5227 North Washington E	Boulevard		M M / D D / Y Y Y Y
				08 14 2006
	City Indianapolis	State IN	Zip Code 46220-3060	Transaction ID: 12852596  Amount of Each Receipt this Period
	•		40220-3000	
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Indiana Hospital&Health	Occupation	1	
	Association	Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)	' '	250.00	
	Cario (openin) 🔻	0 0		
s	UBTOTAL of Receipts This Page (optional)			1000.00
	. 3 (17			
				7

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 104				
TEMIZED RECEIPTS			or each category of the	(check only one)				
• • •			Detailed Summary Page	X   11a   11b   11c   12   15   16   17				
An	y information copied from such Reports and Stater	ments may	not be sold or used by any perso					
or f	or commercial purposes, other than using the nam	ne and add	lress of any political committee to	solicit contributions from such committee.				
\	NAME OF COMMITTEE (In Full)							
$\geq$	American Hospital Association PAC			_				
Full Name (Last, First, Middle Initial)  A. Mrs. Bernice C. Ulrich				Date of Receipt				
	Mailing Address 4655 Running Brook Terra	ice		08 14 2006				
	City	State	Zip Code	Transaction ID: 12852598				
	Greenwood	IN	46143-9255	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Indiana Hospital&Health ,	Occupation Vice Pres						
	ASSOCIATION		Year-to-Date ▼					
	Primary General	00 0						
	Other (specify)	0 0	250.00					
_	Full Name (Last, First, Middle Initial) Mr. Charles H Mason, , Jr.			Date of Receipt				
	Mailing Address 6402 Cherry Hill Parkway	, ,						
	City	State Zip Code						
	Fort Wayne	IN	46835-9637	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		500.00				
	Parkview Hospital	Occupation President	n and Chief Executive Officer					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		500.00					
	Other (specify) ▼	0 0	0 0 0 0 0 0					
_	Full Name (Last, First, Middle Initial) Mr. Kenneth G. Stella			Date of Receipt				
	Mailing Address 4671 Bedford Court			08 / 14 / Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 12852619				
	Carmel	IN	46033-4647	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		500.00				
	Indiana Hochital & Health	Occupation						
	Association	President	•					
		Aggregate	Year-to-Date ▼					
	Primary General Other (specify)		500.00					
	Canon (opposity) 🔻	0 0						
SI	JBTOTAL of Receipts This Page (optional)			1250.00				
T	OTAL This Pariod (last nage this line number only)	\						

SCHEDULE A (FEC Form	3X)	Use separate schedule(s)	check only one)			
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a			
Any information copied from such Report or for commercial purposes, other than us	s and Statements may	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) American Hospital Association						
Full Name (Last, First, Middle Initial)  A. Mr. Spencer L. Grover			Date of Receipt			
Mailing Address 3636 Emily Way	1		08 14 2006			
City	State	Zip Code	Transaction ID: 12852642			
Carmel	IN	46033-4442	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Indiana Hospital&Health Association	Occupation Vice Pres					
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼		250.00				
Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Timothy A. Flesch	<u>'</u>		Date of Receipt			
Mailing Address 336 Lant Lane	Mailing Address 336 Lant Lane					
City	State	Zip Code	Transaction ID: 12852647			
<u>Evansville</u>	IN	47715-3400	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer St. Mary's Medical Center of Evansvill	Occupation President					
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	250.00				
Full Name (Last, First, Middle Initial)  C. Ms. Allison D. Wharry	<b>1</b>		Date of Receipt			
Mailing Address 4636 St. John C	ircle		08 14 2006			
City	State	Zip Code	Transaction ID: 12852689			
<u>Zionsville</u>	IN	46077-8140	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Indiana Hospital&Health Association	Occupation Director,	n Health Policy				
Receipt For:		Year-to-Date ▼				
Primary General Other (specify) ▼	Primary General					
SUBTOTAL of Receipts This Page (opt	onal)		750.00			
TOTAL This Period (last page this line)	number only)					

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 11 / 104		
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Dotailed Currintary 1 age	13 14 15 16 17	
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Al Allee			Date of Receipt	
	Mailing Address 319 East Josephine			08 18 2006	
	City	State	Zip Code	Transaction ID: 12888254	
	Frederick	OK	73542-2220	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		65.05	
	Name of Employer Memorial Hospital and Phy- sician Group	Occupation Chief Exe	n ecutive Officer		
	Receipt For:		Year-to-Date ▼		
	Primary General		505.05	1	
	Other (specify) ▼		565.05		
В.	Full Name (Last, First, Middle Initial) Mr. David Blackmon			Date of Receipt	
	Mailing Address P O Box 129			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 12888257	
	Lawton	OK	73502-0129	Amount of Each Receipt this Period	
			70002 0120	Amount of Each receipt this renou	
	FEC ID number of contributing federal political committee.	C		275.00	
	Name of Employer Comanche County Memorial	Occupation	1		
	Hospital	Chief Fin	ancial Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	, ,	275.00	1	
	Other (specify)	0 0	270.00		
— С.	Full Name (Last, First, Middle Initial) Dr. James Ireland, M.D.			Date of Receipt	
٠.	Mailing Address PO Box 129			M M / D D / Y Y Y Y	
				08 18 2006	
	City	State	Zip Code	Transaction ID: 12888266	
	Lawton	OK	73502-0129	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Comanche County Memorial	Occupation	ı		
	Hospital Hospital	Administ	rator		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	11	
	Other (specify)	0 0	250.00		
_					
				590.05	
S	UBTOTAL of Receipts This Page (optional)			330.03	
1					

S	CHEDULE A (FEC Form 3X)		Llas congreto cobodulo(s)	FOR LINE NUMBER: PAGE 12 / 104
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Rex Jones			Date of Receipt
	Mailing Address P O Box 1038			08 / 18 / 2006
	City	State	Zip Code	Transaction ID: 12888268
	Okmulgee	OK	74447-1038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Okmulgee Memorial Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼		230.00	
В.	Full Name (Last, First, Middle Initial) Mr. Lex Smith			Date of Receipt
	Mailing Address P O Box 129	08 18 2006		
	City	State	Zip Code	Transaction ID: 12888273
	El Reno	OK	73036-0129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Parkview Hospital	Occupation Administr		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		375.00	1
	Other (specify) ▼	0 0	373.00	
C.	Full Name (Last, First, Middle Initial) Mr. Douglas K Weaver			Date of Receipt
	Mailing Address P O Box 129			08 18 2006
	City	State	Zip Code	Transaction ID: 12888274
	Lawton	OK	73502-0129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Comanche County Memorial	Occupation	1	
	Comanche County Memorial  Hospital	Chief Op	erating Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼		250.00	1
s	UBTOTAL of Receipts This Page (optional)			625.00
  -	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 / 104	
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16 17	
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or i	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Mary C. Becker	Date of Receipt			
	Mailing Address 7800 South Eagle Road	08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 12888389	
	Columbia	MO	65203-9017	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		27.78	
	Name of Employer Missouri Hospital Associa-	Occupation Senior VI	ement		
	tion Receipt For:		e Year-to-Date ▼	5.1.5.11	
	Primary General	33 -3		1	
	Other (specify) ▼	0 0	222.24		
	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine			Date of Receipt	
	Mailing Address 12675 Riviera Heights R	08 17 2006			
	City	State Zip Code			
	Holts Summit	MO	65043-2039	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		111.12	
	Name of Employer Missouri Hospital Associa- tion	Occupation Sr. Vice I	n President, Government Rela	tiq	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1 1		1	
	Other (specify) ▼		888.96		
Э.	Full Name (Last, First, Middle Initial) Ms. Kathleen C. Poff			Date of Receipt	
	Mailing Address 5119 Coventry Waye			08 / 07 / 2006	
	City	State	Zip Code	Transaction ID: 12888399	
	Jefferson City	MO	65101-8284	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		27.78	
	Name of Employer Missouri Hospital Associa- tion	Occupation Senior Vi	n ce President & CFO		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		000.04	1	
	Other (specify) ▼		222.24		
SI	JBTOTAL of Receipts This Page (optional)			166.68	
т	OTAL This Period (last page this line number or	ıly)			

<u> </u>				FOR LINE NUMBER: PAGE 14 / 104
5	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	or each category of the		
			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Gerald M. Sill, J.D.			Date of Receipt
	Mailing Address 2906 Valley View Terrac	е		08 17 2006
	City	State	Zip Code	Transaction ID: 12888403
	Jefferson City	MO	65109-1069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		27.78
	Name of Employer Missouri Hospital Associa- tion		ce President & General Cou	nse
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼	0 0	222.24	
В.	Full Name (Last, First, Middle Initial) Mr. Marc D. Smith			Date of Receipt
	Mailing Address 5612 Tanner Bridge Roa	08 17 2006		
	City	State	Zip Code	Transaction ID: 12888404
	Jefferson City	MO	65101-8275	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		111.12
	Name of Employer Missouri Hospital Associa-	Occupation President	ո t and Chief Executive Officer	
	tion Receipt For:		Year-to-Date ▼	
	Primary General	1 39. 13		1
	Other (specify) ▼		888.96	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Carmela S. Coyle			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12888416
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vi	n ce President, Policy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		10000	1
	Other (specify) ▼		1000.00	
Г				
s	UBTOTAL of Receipts This Page (optional)			1138.90
$\vdash$	,		<u>^</u>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 / 104	
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. William D Petasnick			Date of Receipt	
	Mailing Address 1848 Hidden Reserve (	Court		08 17 2006	
	City	State	Zip Code	Transaction ID: 12888419	
	Mequon	WI	53092-5566	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		1000.00	
	Name of Employer Froedtert Memorial Luther-	Occupation	1		
	an Hospital		t and Chief Executive Officer	·	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		1000.00		
	Other (specify) ▼	0 0	1000.00		
В.	Full Name (Last, First, Middle Initial) Mrs. Rosemari Davis			Date of Receipt	
	Mailing Address 2700 SE Stratus Avenu	M M / D D / Y Y Y Y			
		08 17 2006			
	City	State	Zip Code	Transaction ID: 12888643	
	McMinnville	OR	97128-6498	Amount of Each Receipt this Period	
	FEC ID number of contributing			275.00	
	federal political committee.	C		273.00	
	Name of Employer Willamette Valley Medical	Occupation	1	7	
	Willamette Valléy Medical Center	Chief Exe	ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		075.00	1	
	Other (specify)	0 0	275.00		
_	Full Name (Last, First, Middle Initial)			D. (D. )	
C.	Mr. Marvin Haas  Mailing Address 1109 Riverrock Way			Date of Receipt	
				08 17 2006	
	City	State	Zip Code	Transaction ID: 12888644	
	Medford	OR	97504-5642	Amount of Each Receipt this Period	
	FEC ID number of contributing	<u> </u>		250.00	
	federal political committee.	C		230.00	
	Name of Employer Asante Health System	Occupation Vice Pres	n sident, Finance		
	Receipt For:		Year-to-Date ▼	1	
	Primary General	33 - 3 20		1	
	Other (specify) ▼		250.00		
_					
				1707.00	
s	UBTOTAL of Receipts This Page (optional)			1525.00	
$\vdash$			·		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 / 104
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ common common, raigo	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Roy G Vinyard			Date of Receipt
	Mailing Address 2650 Siskiyou Blvd, Su	te 200		08 17 2006
	City	State	Zip Code	Transaction ID: 12888648
	Medford	OR	97504-8170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Asante Health System	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		EE0 00	1
	Other (specify) ▼		550.00	
В.	Full Name (Last, First, Middle Initial) Mr. Mark Folger			Date of Receipt
	Mailing Address 2519 Meadowcreek Driv	08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 12888649
	Medford	OR	97504-3666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		430.00
	Name of Employer Asante Health System	Occupation Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		430.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Larry A Mullins, FACHE			Date of Receipt
	Mailing Address P O Box 1068			0 8 1 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 12888651
	Corvallis	OR	97339-1068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer Samaritan Health Services		t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	955.00
1				

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 17 / 104
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and St	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	from be sold of used by any person fress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		• •	
$  \rangle$	American Hospital Association PAC			
	American Hospital Association FAC			
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Mr. Richard Cagen			Date of Receipt
	Mailing Address 1235 NE 47th Avenue			M M / D D / Y Y Y Y
	Suite 299			08 17 2006
	City	State	Zip Code	Transaction ID: 12888652
	Portland	OR	97229-8087	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Providence Health System	Occupation		
	·		ecutive Officer-Portland Area	<u> </u>
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		230.00	
В.	Full Name (Last, First, Middle Initial)			Data of Bassist
D.		Date of Receipt		
	Mailing Address 57 Prospect Street	08 17 2006		
	City	State	Zip Code	Transaction ID: 12888660
	Nantucket	MA	02554-4345	
		IVIA	02334-4343	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer Nantucket Cottage Hospital	Occupation	1	
	Nantucket Cottage Hospital	President	t	
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General			1
	Other (specify)		250.00	
				•
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Alan G. MacDonald			Date of Receipt
	Mailing Address 92 Bacon Street			0 8 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Oit.	01-1-	7:- 0 - 4 -	
	City	State	Zip Code	Transaction ID: 12888661
	Winchester	MA	01890-2638	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		
	Name of Employer	Occupation	 1	7
	Name of Employer Hallmark Health System		n of the Trustees	
	Receipt For:		Year-to-Date ▼	_
	Primary General	33 -3		1
	Other (specify) ▼		250.00	
				1
ء ا	UBTOTAL of Receipts This Page (optional)			750.00
$\vdash$	22.2.7.2 of 1.000.pto 1110 rago (optional)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18 / 104
	` '		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
Or		name and add	aress or any political committee to	Solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Nathan O. Rosenberg			Date of Receipt
	Mailing Address 920 Glenneyre Street Suite #2			08 17 2006
	City	State	Zip Code	Transaction ID: 12888662
	Laguna Beach	CA	92651-2740	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer St. Rose Hospital	Occupation Managing		
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼	1	500.00	
				4
В.	Full Name (Last, First, Middle Initial) Mr. Robert Granger			Date of Receipt
	Mailing Address P. O. Box 7000			08 23 2006
	City	State	Zip Code	Transaction ID: 12891967
	Columbus	GA	31908-7000	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		250.00
	Name of Employer	Occupation	2	_
	Name of Employer St. Francis Hospital	Occupation CEO	1	
	Receipt For:		Year-to-Date ▼	_
	Primary General	7 1991 09410	Tour to Buto V	1
	Other (specify)		250.00	
C.	Full Name (Last, First, Middle Initial)  Mr. James McLaughlin Hobson			Date of Receipt
	Mailing Address 126 Grand Oaks Ct			08 23 2006
	City	State	Zip Code	Transaction ID: 12892003
	Albany	GA	31721-9522	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Phoebe Putney Memorial Ho-	Occupation		
	spital		Vice President/COO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			J.
$\overline{}$				
,	IIDTOTAL of Descripto This Descriptor			1000.00
$\vdash$	UBTOTAL of Receipts This Page (optional)			
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 104
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and Stror for commercial purposes, other than using the $\ensuremath{I}$	atements may name and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  Mr. Douglas C Keir  Mailing Address 521 Hill Street SW			Date of Receipt
			08 / 23 / 4 2006
City Thomson	State GA	Zip Code 30824-2118	Transaction ID: 12892041  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		255.00
Name of Employer McDuffie Regional Medical Center		ecutive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial)  Dr. Alan D. Kirsh, MD			Date of Receipt
Mailing Address 777 Hemlock Street 777 Hemlock Street			08 23 2006
City	State	Zip Code	Transaction ID: 12892050
Macon	GA	31201-2102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Medical Center of Central	Occupation Director.	n Radiology	
Georgia Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  Mr. H Scott Kroell, , Jr.			Date of Receipt
Mailing Address P O Box 919			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 12892055
Hinesville	GA	31313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Liberty Regional Medical	Occupation	n ecutive Officer	
Center Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			755.00
TOTAL This Period (last page this line number of	nly)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER:	PAGE 20 / 104
		Use separate schedule(s)		(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c  12
			Detailed Guillinary Fage	13 14	15 16 17
An	y information copied from such Reports and Sta	itements may	not be sold or used by any perso	on for the purpose of solicit	ing contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from s	such committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial) Mr. G. Lamar Lyle			Date of Receipt	
٦.	Mailing Address Post Office Box 44	M M / D D	/ Y Y Y Y		
	Togt Office Box 44			08 23	2006
	City	State	Zip Code	Transaction ID: 128	892070
	Dalton	GA	30722-0044	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Hamilton Medical Center	Occupation			
	Pagaint For:	Chairmai	n e Year-to-Date ▼	_	
	Receipt For: Primary General	Aggregate	rear-to-Date V	1	
	Other (specify)		500.00		
			0 0 0 0 0 0 0		
3.	Full Name (Last, First, Middle Initial) Mr. Eric P Norwood			Date of Receipt	
	Mailing Address 4693 Glenshire Place	M M / D D	/ Y Y Y Y		
	-	08 23	2006		
	City	State	Zip Code	Transaction ID: 128	
	Dunwoody	GA	30338-5512	Amount of Each Rec	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer DeKalb Medical Ctr	Occupation	n		
		President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)	0 0	0 0 0 0 0 0 0	J	
). J.	Full Name (Last, First, Middle Initial) Mr. Rhett C. Partin			Date of Receipt	
	Mailing Address Route 2 Box 3425			M M / D D	/
	O't-	01-1-	7'- 0-4-	08 23	2006
	City	State	Zip Code	Transaction ID: 128	
	Nashville	GA	31639-9537	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Georgia Hospital Associat-	Occupation			
	ion	+	e Director, The Center for Ru	ır	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)			1	
Ç!	LUBTOTAL of Receipts This Page (optional)				1000.00
<u> </u>	DDI OTAL OF RECEIPTS THIS Page (OPTIONAL)		······································		
T	OTAL This Period (last page this line number o	nly)			

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 104		
		Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12		
		Detailed Summary Page	13 14 15 16 17		
Any information copied from such Reports and Sta	atemente may	unot be sold or used by any perso			
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
` '					
American Hospital Association PAC					
Full Name (Leat First Middle Initial)					
Full Name (Last, First, Middle Initial)  1. Ms. Diane J. Patrick			Date of Receipt		
			<b>⊣</b>		
Mailing Address U. S. Hwy 319			08 23 2006		
City	State	Zip Code			
_ '		•	Transaction ID: 12892143		
<u>Omega</u>	GA	31775	Amount of Each Receipt this Period		
FEC ID number of contributing	С		250.00		
federal political committee.			250.00		
Name of Employer	LOssunation		_		
Name of Employer Tift Regional Medical Cen-	Occupation				
ter		sident, Patient Care Services			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General	' '	250.00			
Other (specify)		230.00			
Full Name (Last, First, Middle Initial)					
Mr. J Larry Read			Date of Receipt		
Mailing Address 1350 Walton Way	08 23 2006				
-					
City	State	Zip Code	Transaction ID: 12892163		
<u>Augusta</u>	<u>GA</u>	30901-2629	Amount of Each Receipt this Period		
FEC ID number of contributing			500.00		
federal political committee.	C		500.00		
	-				
Name of Employer University Health Care Sy-	Occupation				
stem		t and Chief Executive Officer	·		
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General		500.00			
Other (specify)		500.00			
Full Name (Last, First, Middle Initial)					
Mr. William T Richardson			Date of Receipt		
Mailing Address 302 w. 24th Street			M M / D D / Y Y Y Y		
	<u> </u>		08 23 2006		
City	State	Zip Code	Transaction ID: 12892168		
<u>Tifton</u>	GA	31794-2808	Amount of Each Receipt this Period		
FEC ID number of contributing			500.00		
federal political committee.	C		300.00		
N (5 )	10		_		
Name of Employer Tift Regional Medical Cen-	me of Employer  Regional Medical Cen- Occupation				
ter		t and Chief Executive Officer			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General		500.00	1		
Other (specify)		500.00			
			10000		
SUBTOTAL of Receipts This Page (optional)			1250.00		
,		<b>_</b>			
TOTAL This Period (last page this line number of	only)				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 / 104
	EMIZED RECEIPTS		or each category of the	(check only one)
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_				13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. J. Thomas Shepherd			Date of Receipt
	Mailing Address 164 Eagle Ridge Drive			08 23 2006
	City	State	Zip Code	Transaction ID: 12892196
	Eastman	GA	31023-3807	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dodge County Hospital	Occupation CEO	ı	
	Receipt For:		e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) 🔻	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Kurt Stuenkel, FACHE			Date of Receipt
	Mailing Address P O Box 233			08 23 YYYYY 2006
	City	State	Zip Code	Transaction ID: 12892215
	Rome	GA	30162-0233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Floyd Medical Center	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	7
	Other (specify)	0 0	230.00	
C.	Full Name (Last, First, Middle Initial) Mr. Joel Wernick			Date of Receipt
	Mailing Address 417 Byron Plantation R	oad		08 / 23 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12892248
	Albany	GA	31721-9030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Phoebe Putney Health Syst- ems	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	500.00	7
	Other (specify) 🔻	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
_	OTAL This Period (last page this line number o	anly)		

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 23 / 104	
			Use separate schedule(s) or each category of the	(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13     14     15     16     17	7_
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				٦
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Philip Wolfe			Date of Receipt	
	Mailing Address 2716 Wynnton Drive	08 / 23 / 2006			
	City	State	Zip Code	Transaction ID: 12892262	
	Duluth	GA	30097-3706	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Gwinnett Hospital System				
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) 🔻				
3.	Full Name (Last, First, Middle Initial) Mr. Charles T Adams			Date of Receipt	
	Mailing Address P O Box 589	08 23 7 2006			
	City	State	Zip Code	Transaction ID: 12892270	
	Royston	GA	30662-0589	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Ty Cobb Healthcare System,	Occupation			
	Inc.		ecutive Officer		
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	8 8	250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Michael Alexander			Date of Receipt	_
	Mailing Address 925 Cedar Street			08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 12892275	
	Metter	GA	30439-3003	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		125.00	
	Name of Employer Candler County Hospital	Occupation CEO	ı		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼		230.00		
s	UBTOTAL of Receipts This Page (optional)			625.00	
_	OTAL This David Heat was a list for any 1	-l. A			
- 1	OTAL This Period (last page this line number or	пу)	<b>)</b>		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 24 / 104
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Vivian Austin			Date of Receipt
	Mailing Address 10 Shorecrest Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12892280
	Savannah	GA	31410-1054	Amount of Each Receipt this Period
			3.1.0.00	
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Joseph's/Candler, Can-	Occupation	n Supervisor	
	dler Hospital Receipt For:		e Year-to-Date ▼	_
	Primary General	Aggregate	rear-to-bate V	
	Other (specify)		250.00	
			0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Mr. Donald R Avery, FACHE			Date of Receipt
	Mailing Address 6493 Cape Cod Drive			M M / D D / Y Y Y Y
	mamig radiose 0400 dape dod Brive	08 23 2006		
	City	State	Zip Code	Transaction ID: 12892281
	Columbus	GA	31904-2965	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	n	$\dashv$
	Name of Employer Hughston Orthopedic Hospi-		t and Chief Executive Officer	
	tal Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		250.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Gilbert A. Banks			Date of Receipt
	Mailing Address P. O. Box 1383			M M / D D / Y Y Y Y
				08 23 2006
	City	State	Zip Code	Transaction ID: 12892286
	Forsyth	GA	31029-1383	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Monroe County Hospital	Occupation	n	7
	Monroe County Hospital	Board Me	ember	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, ,	250.00	
	Other (specify)		250.00	
_	LIDTOTAL of Descints This David (anticard)		_	750.00
5	UBTOTAL of Receipts This Page (optional)			
T	OTAL This Period (last page this line number o	nlv)		
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	
ITEMIZED RECEIPTS			or each category of the	(check only one	· — —
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Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any persol dress of any political committee to	n for the purpose solicit contributior	of soliciting contributions as from such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$  \rangle$	American Hospital Association PAC				
	, and the same of				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. Ken B Beverly			Date of Rec	eipt
	Mailing Address P.O. Box 76			0.8	23 2006
	City	State	Zip Code		ID: 12892305
	Ochlocknee	GA	31773-0076		Each Receipt this Period
			01770 0070	Amount of E	<del> </del>
	FEC ID number of contributing federal political committee.	C			500.00
		1.			
	Name of Employer Archbold Medical Center	Occupation			
	Receipt For:	President	Year-to-Date ▼	_	
	Primary General	Aggregate	real to Bate 🔻		
	Other (specify) ▼		500.00		
	Full Name (Last, First, Middle Initial)				
В.				Date of Rec	eipt
	Mailing Address 11 Upper Riverdale Ro	ad SW		0 8	23 2006
	City	State	Zip Code		ID: 12892312
	Riverdale	GA	30274-2600		Each Receipt this Period
			00214 2000	Amount of E	· · · · · · · · · · · · · · · · · · ·
	FEC ID number of contributing federal political committee.	C			500.00
		1			
	Name of Employer Southern Regional Medical	Occupation	ո t and Chief Executive Officer		
	Center Receipt For:		Year-to-Date ▼	_	
	Primary General	Aggregate	: Teal-to-Date ♥		
	Other (specify)		500.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. O.J. Booker			Date of Rec	•
	Mailing Address 460 Sunset Circle			0.8	23 2006
	City	State	Zip Code		ID: 12892313
	Forsyth	GA	31029-1671		Each Receipt this Period
	FEC ID number of contributing			76	<del> </del>
	federal political committee.	C		11	250.00
	Name of Employer	Occupation	2	_	
	Monroe County Hospital		ecutive Officer		
	Receipt For:		Year-to-Date ▼	_	
	Primary General	199.19			
	Other (specify) ▼	1	500.00		
_				<u> </u>	
					1050.00
s	UBTOTAL of Receipts This Page (optional)			<u></u>	1250.00
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	
ITEMIZED RECEIPTS			or each category of the	(check only one)	'
11	EMIZED RECEIPTS		Detailed Summary Page	$\rightarrow$	11b 11c 12
					4 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any person	n for the purpose o	of soliciting contributions
OI	<u> </u>	name and add	dress of any political committee to	Solicit Contributions	s from such committee.
	NAME OF COMMITTEE (In Full)				
1/	American Hospital Association PAC				
<u></u>	Full Name (Last, First, Middle Initial)			1	
A.	Dr. Donald Campbell			Date of Rece	eipt
	Mailing Address 1114 Hazeltine Lane				D D / Y Y Y Y
				0 8	23 2006
	City	State	Zip Code	Transaction	ID: 12892330
	Kennesaw	GA	30152-4742	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing				050.00
	federal political committee.	C			250.00
	N (5 )	10 "		_	
	Name of Employer WellStar Cobb Hospital	Occupation			
	Descipt For:		ice President, Physician Serv	1	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	250.00		
	Curici (Specify)		0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Rece	eipt
	Mailing Address P O Box 23089				D D / Y Y Y Y
				0.8	23 2006
	City	State	Zip Code	Transaction	ID: 12892347
	Savannah	GA	31403-3089	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.				230.00
	Name of Employer	Occupation	n	_	
	Name of Employer Memorial Health		t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	00 0			
	Other (specify) ▼	1	250.00		
	Full Name (Last, First, Middle Initial)				
C.	Ms. Rita Culvern			Date of Rece	•
	Mailing Address 1067 Peachtree Street			0 8	23 2006
	City	State	Zip Code		ID: 12892358
	Louisville	GA	30434-1599		ach Receipt this Period
			30101 1000	Amount of Ea	activited by this i chod
	FEC ID number of contributing federal political committee.				33.00
	Name of Employer Jefferson Hospital	Occupation			
			ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		283.00		
	Other (specify)	0 0	200.00		
_	IIDTOTAL of Doccinto This David (author 1)				533.00
$\vdash$	UBTOTAL of Receipts This Page (optional)		·····		1 1 1 1 1 1 1 1
+	OTAL This Pariod (last page this line number of	anly)			
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COLLEDING A (FEO Forms OV)				FOR LINE NUMBER: PAGE 27 / 104
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Daniel Body			Date of Receipt
	Mailing Address 543 Flambeau Retreat			08 28 2006
	City	State	Zip Code	Transaction ID: 12897258
	Mt Pleasant	SC	29464-2760	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Palmetto Lowcountry Behav- ioral Health		ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Lisa Irvin			Date of Receipt
	Mailing Address 159 Harbour Watch Wa	ıy		08 28 2006
	City	State	Zip Code	Transaction ID: 12897259
	Mount Pleasant	SC	29464-2827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Roper Hospital	Occupation VP of Nu		7
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Ellen Jackson			Date of Receipt
	Mailing Address 316 Calhoun Street			08 28 2006
	City	State	Zip Code	Transaction ID: 12897260
	Charleston	SC	29401-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Roper Hospital	Occupation VP, Mana	n aged Care & Physician Serv	ic <del>e</del> s
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
$\vdash$				-

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 28 / 104
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Bret D. Johnson			Date of Receipt
	Mailing Address 235 Oak Point Landing I			08 / 28 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12897261
	Mount Pleasant	SC	29464-6279	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Roper Hospital	Occupation Chief Fin	n ancial Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		230.00	
3.	Full Name (Last, First, Middle Initial) Edmond R. Jordan			Date of Receipt
	Mailing Address 201 Graylyn Drive			08 / 28 / 4 2006
	City	State	Zip Code	Transaction ID: 12897262
	Anderson	SC	29621-1985	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer AnMED Health Medical Cent-	Occupation		
	er		of Urgent Care	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	3
	Other (specify)		500.00	
 C.	Full Name (Last, First, Middle Initial) Mr. J. Thornton Kirby			Date of Receipt
	Mailing Address 1000 Center Point Road			08 28 2006
	City	State	Zip Code	Transaction ID: 12897263
	Columbia	SC	29210-5802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.06
	Name of Employer South Carolina Hospital	Occupation	1	7
	South Carolina Hospital Association	President	t & CEO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.06	1
	Other (specify) ▼	0 0		
S	UBTOTAL of Receipts This Page (optional)			1000.06
			<b>)</b>	

9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 29 / 104			
•			Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12			
			Detailed Summary Page	13 14 15 16 17			
Δr	y information copied from such Reports and Sta	atements may	y not be sold or used by any ners				
or	for commercial purposes, other than using the r	name and add	dress of any political committee t	o solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
$  \rangle$	American Hospital Association PAC						
	7 III 0 1 0 0 0 1 1 1 0 0 0 1 0 1 0 1 0 1						
_	Full Name (Last, First, Middle Initial)						
A.	Steven Lopez, M.D.			Date of Receipt			
	Mailing Address 911 Etiwan Park Street			M M / D D / Y Y Y Y			
	-			08 28 2006			
	City	State	Zip Code	Transaction ID: 12897267			
	Daniel Island	SC	29492-7923	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		400.50			
	federal political committee.	<u> </u>		100.00			
	Name of Employer	Occupation	1				
	Name of Employer Palmetto Lowcountry Behav-	Medical D					
	ioral Health Receipt For:		Year-to-Date ▼				
	Primary General	7.99.094.0	Total to Date V				
	Other (specify)		400.50				
				_			
_	Full Name (Last, First, Middle Initial)						
В.	Dr. Joseph Modzelewski			Date of Receipt			
	Mailing Address 2435 Forest Drive			M M / D D / Y Y Y Y			
				08 28 2006			
	City	State	Zip Code	Transaction ID: 12897270			
	Columbia	SC	29204-2026	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		500.00			
	federal political committee.	C		300.00			
	Name of Employer	Occupation	า				
	Name of Employer Sisters of Charity Provid-		ef of Medical Staff				
	ence Hospital Receipt For:		Year-to-Date ▼				
	Primary General	1.999		7			
	Other (specify)		500.00				
				-			
	Full Name (Last, First, Middle Initial)						
C.	Mr. Jerry A Parrish			Date of Receipt			
	Mailing Address 800 North Fant Street			M M / D D / Y Y Y Y			
	-			08 28 2006			
	City	State	Zip Code	Transaction ID: 12897272			
	Anderson	SC	29621-5793	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		250.00			
	federal political committee.	0					
	Name of Employer	Occupation	1				
	Name of Employer AnMED Health Medical Cent-		sident				
	er Receipt For:		Year-to-Date ▼				
	Primary General	30 0		¬ I			
Other (specify)			250.00				
s	UBTOTAL of Receipts This Page (optional)			1150.50			
$\vdash$	. 5 (, ,						
т	TOTAL This Period (last page this line number only)						

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 30 / 104	
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16	17
An	y information copied from such Reports and Stat	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Greg Rusnak			Date of Receipt	
	Mailing Address 701 Grove Road			08 28 2006	
	City	State	Zip Code	Transaction ID: 12897275	
	Greenville	SC	29605-4211	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Greenville Hospital System	Occupation Vice Pres			
	Receipt For:		e Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼		250.00		
3.	Full Name (Last, First, Middle Initial) Mr. Matthew J. Severance			Date of Receipt	
	Mailing Address 32 Stocker Drive			08 28 2006	
	City	State	Zip Code		
	Charleston	SC	29407-7416	Transaction ID: 12897278	
		30	29407-7416	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Roper Hospital	Occupation			
	noper nospital		ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼		200.00		
<b>D.</b>	Full Name (Last, First, Middle Initial) Steven D. Shapiro			Date of Receipt	
	Mailing Address 682 North Sterling Drive			08 28 2006	
	City	State	Zip Code	Transaction ID: 12897279	
	<u>Charleston</u>	SC	29412-9150	Amount of Each Receipt this Period	
	FEC ID number of contributing				1
	federal political committee.	C		250.00	
	Name of Employer Roper Hospital	Occupation		7	
			edical Affairs		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼	0 0		1	
	L			750.00	<del>-</del>
S	UBTOTAL of Receipts This Page (optional)		······	730.00	4
T	OTAL This Period (last page this line number or	nly)			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 31 / 104	
•		Use separate schedule(s) or each category of the		(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Dotallog Callillary Lago	13 14 15 16 17	
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any pers	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Stuart E. Smith			Date of Receipt	
	Mailing Address 169 Ashley Avenue PO Box 250332			08 28 2006	
	City	State	Zip Code	Transaction ID: 12897280	
	Charleston	SC	29403-5836	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer MUSC Medical Center of Me-	Occupation Vice Pres	n sident, Clinical Operations		
	dical Univers Receipt For:		Year-to-Date ▼		
	Primary General	riggrogate	Tour to Bate V	7	
	Other (specify)		500.00		
				_	
В.	Full Name (Last, First, Middle Initial) Mr. Allan Stalvey			Date of Receipt	
	Mailing Address 101 Medical Circle			M M / D D / Y Y Y	
	Post Office Box 6009			08 28 2006	
	City	State	Zip Code	Transaction ID: 12897283	
	West Columbia	SC	29169-3655	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.06	
	Name of Employer South Carolina Hospital	Occupation			
	Association		ce President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General  Other (specify) ▼		250.06		
_					
C.	Full Name (Last, First, Middle Initial) Ms. Jeanne L Ward			Date of Receipt	
•	Mailing Address 298 Memorial Drive			M M / D D / Y Y Y Y	
				08 28 2006	
	City	State	Zip Code	Transaction ID: 12897284	
	Seneca	SC	29672-9499	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Oconee Memorial Hospital	Occupation Presiden	n t and Chief Executive Office	r	
	Receipt For:		e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼		250.00	1	
Г				1000.06	
S	UBTOTAL of Receipts This Page (optional)			1000.00	
_	OTAL This Period (last page this line number of	only)	1		
		y /			

<u> </u>	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 32 / 104
-			Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any personal transport	on for the purpose of soliciting contributions
		ame and add	iress or any political committee to	Solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
	Mr. Douglas Bowling			Date of Receipt
	Mailing Address 2509 Watercrest Lane			08 28 2006
	City	State	Zip Code	Transaction ID: 12897286
	Johns Island	SC	29455-3108	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Roper-St. Francis Healthc-	Occupation		
	are		sident of System Developme	<u>ent</u>
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Cale (epoolly)	0 0		
	Full Name (Last, First, Middle Initial)			2. (2
	Dr. Richard Boyer  Mailing Address 6143 Hampton Ridge			Date of Receipt
	Mailing Address 6143 Hampton Ridge			08 28 2006
	City	State	Zip Code	Transaction ID: 12897287
	Columbia	SC	29209-1308	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		000.00
				- 300.00
	Name of Employer Sisters of Charity Provid-	Occupation		
		Occupation Director	of Emergency Department  Year-to-Date	
	Name of Employer Sisters of Charity Providence Hospital Receipt For: Primary General	Occupation Director	of Emergency Department  Year-to-Date ▼	
	Name of Employer Sisters of Charity Providence Hospital Receipt For:	Occupation Director	of Emergency Department	
	Name of Employer Sisters of Charity Provid- ence Hospital Receipt For: Primary General Other (specify)	Occupation Director	of Emergency Department  Year-to-Date ▼	
	Name of Employer Sisters of Charity Providence Hospital Receipt For: Primary General	Occupation Director	of Emergency Department  Year-to-Date ▼	Date of Receipt
	Name of Employer Sisters of Charity Providence Hospital Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initial)	Occupation Director of Aggregate	of Emergency Department  Year-to-Date ▼	Date of Receipt
 C.	Name of Employer Sisters of Charity Providence Hospital Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Allen P Carroll  Mailing Address 2095 Henry Tecklenburg	Occupation Director of Aggregate	of Emergency Department Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Name of Employer Sisters of Charity Providence Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Allen P Carroll  Mailing Address 2095 Henry Tecklenburg	Occupation Director of Aggregate  g Drive  State	of Emergency Department Year-to-Date ▼  500.00  Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
<b>C</b> .	Name of Employer Sisters of Charity Provid- ence Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Allen P Carroll  Mailing Address 2095 Henry Tecklenburg  City Charleston	Occupation Director of Aggregate  g Drive  State SC	of Emergency Department Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D</b> .	Name of Employer Sisters of Charity Providence Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Allen P Carroll  Mailing Address 2095 Henry Tecklenburg	Occupation Director of Aggregate  g Drive  State	of Emergency Department Year-to-Date ▼  500.00  Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
<b>D</b> .	Name of Employer Sisters of Charity Providence Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Allen P Carroll Mailing Address 2095 Henry Tecklenburg  City Charleston  FEC ID number of contributing federal political committee.	Occupation Director of Aggregate State SC	of Emergency Department Year-to-Date ▼  500.00  Zip Code 29414-5733	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D</b> .	Name of Employer Sisters of Charity Providence Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Allen P Carroll  Mailing Address 2095 Henry Tecklenburg City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Bon Secours-St. Francis	Occupation Director of Aggregate  Drive State SC  C	of Emergency Department Year-to-Date ▼  500.00  Zip Code 29414-5733	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D</b> .	Name of Employer Sisters of Charity Providence Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Allen P Carroll  Mailing Address 2095 Henry Tecklenburg City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Bon Secours-St. Francis Xavier Hospita	Occupation Director of Aggregate  Drive State SC C Occupation Chief Exe	of Emergency Department Year-to-Date ▼  500.00  Zip Code 29414-5733	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D</b> .	Name of Employer Sisters of Charity Providence Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Allen P Carroll  Mailing Address 2095 Henry Tecklenburg City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Bon Secours-St. Francis	Occupation Director of Aggregate  Drive State SC C Occupation Chief Exe	of Emergency Department Year-to-Date ▼  500.00  Zip Code 29414-5733  cecutive Officer Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D</b> .	Name of Employer Sisters of Charity Providence Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Allen P Carroll  Mailing Address 2095 Henry Tecklenburg City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Bon Secours-St. Francis Xavier Hospita Receipt For:	Occupation Director of Aggregate  Drive State SC C Occupation Chief Exe	of Emergency Department Year-to-Date ▼  500.00  Zip Code 29414-5733	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D</b> .	Name of Employer Sisters of Charity Providence Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Allen P Carroll Mailing Address 2095 Henry Tecklenburg City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Bon Secours-St. Francis Xavier Hospita Receipt For:  Primary General	Occupation Director of Aggregate  Drive State SC C Occupation Chief Exe	of Emergency Department Year-to-Date ▼  500.00  Zip Code 29414-5733  cecutive Officer Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	Name of Employer Sisters of Charity Providence Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Allen P Carroll  Mailing Address 2095 Henry Tecklenburg  City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Bon Secours-St. Francis Xavier Hospita  Receipt For:  Primary General Other (specify) ▼	Occupation Director of Aggregate State SC  C Occupation Chief Exe Aggregate	of Emergency Department Year-to-Date ▼  500.00  Zip Code 29414-5733  Countive Officer Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	Name of Employer Sisters of Charity Providence Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Allen P Carroll Mailing Address 2095 Henry Tecklenburg City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Bon Secours-St. Francis Xavier Hospita Receipt For:  Primary General	Occupation Director of Aggregate State SC  C Occupation Chief Exe Aggregate	of Emergency Department Year-to-Date ▼  500.00  Zip Code 29414-5733  Countive Officer Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 / 104
•		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Philip A Clayton			Date of Receipt
	Mailing Address P O Box 829			08 28 2006
	City	State	Zip Code	Transaction ID: 12897290
	Conway	SC	29528-0829	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Conway Medical Center	Occupation President	n t and Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General		050,00	1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Richard E D'Alberto, FACHE			Date of Receipt
٥.	Mailing Address P O Box 976			M M / D D / Y Y Y Y
				08 28 2006
	City	State	Zip Code	Transaction ID: 12897292
	Clinton	SC	29325-0976	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			200.00
	Name of Employer	Occupation	1	7
	Laurens Countý Healthcare System	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify) ▼		230.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Thomas C Dandridge  Mailing Address 3000 St Matthews Road			Date of Receipt
	Mailing Address 3000 St Matthews Road			08 28 2006
	City	State	Zip Code	Transaction ID: 12897293
	Orangeburg	SC	29118-1442	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer Regional Medical Center	Occupation President		
	of Örangeburg Receipt For:		Year-to-Date ▼	-
	Primary General	, iggi egale	Tour to Duto ¥	1
	Other (specify)		500.00	
				1
s	UBTOTAL of Receipts This Page (optional)		<b>.</b>	1000.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 104 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	n for the purpose of soliciting contributions
$\frac{\Box}{}$	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	ame and add	iress or any political committee to	Solicit contributions from Such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial)  Mr. J. Larry Dozier, Jr., FACHE  Mailing Address 1325 Spring Street  City  Greenwood  FEC ID number of contributing federal political committee.  Name of Employer Fairfield Memorial Hospital  Receipt For:  Primary General  Other (specify)		Zip Code 29646-3875  n ecutive Officer e Year-to-Date ▼ 250.00	Date of Receipt    M M
3.	Full Name (Last, First, Middle Initial) Mr. David L. Dunlap, FACHE  Mailing Address 125 Doughty Street Suite 760  City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Roper-St. Francis Healthcare Receipt For: Primary General Other (specify)		Zip Code 29403-5736  n t and CEO Year-to-Date ▼ 1000.00	Date of Receipt  M M Z B Z D O 6  Transaction ID: 12897298  Amount of Each Receipt this Period  1000.00
D.	Full Name (Last, First, Middle Initial) George T. Edwards  Mailing Address 787 Shell Island Circle  City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Receipt For: Primary General Other (specify)		Zip Code 29412  n of Legal Services 9 Year-to-Date ▼ 250.00	Date of Receipt  M M Z 8 Z 0 0 6  Transaction ID: 12897299  Amount of Each Receipt this Period  250.00
S	UBTOTAL of Receipts This Page (optional)			1500.00
T	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 104 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Howard Harrison			Date of Receipt
	Mailing Address 316Calhoun Street			08 28 2006
	City	State	Zip Code	Transaction ID: 12897301
	Charleston	SC	29401-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Roper Hospital	Occupation VP, Hum	n an Resources	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
₹	Full Name (Last, First, Middle Initial) Mr. M John Heydel			Date of Receipt
-	Mailing Address 1325 Spring Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12897304
	Greenwood	SC	29646-3860	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Regional Healthcare	Occupation President	n : and Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Steve Altmiller			Date of Receipt
	Mailing Address 801 West Maple Street			08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12897817
	Farmington	NM	87401-5698	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer San Juan Regional Medical Center		and Chief Executive Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 36 / 104	
30000			Use separate schedule(s) or each category of the	(check only one)	
•	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Jeffrey M. Dye			Date of Receipt	
	Mailing Address 2121 Osuna Road NE			08 / 01 / 2006	
	City	State	Zip Code	Transaction ID: 12897818	
	Albuquerque	NM	87113-1001	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer New Mexico Hospitals & He- alth Systems	Occupation President	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼	0 0	0 0 0 0 0 0 0		
3.	Full Name (Last, First, Middle Initial) Mr. William H Nelson			Date of Receipt	
	Mailing Address 3021 Shakespeare Place			08 / 17 / 2006	
	City	State	Zip Code	Transaction ID: 12899583	
	Salt Lake City	UT	84108-2514	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Intermountain Health Care, Inc.	Occupation President	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼	0 0	0 0 0 0 0 0		
Э.	Full Name (Last, First, Middle Initial) Dr. Charles W Sorenson, , Jr., M.D			Date of Receipt	
	Mailing Address 36 South State Street, 22nd FI			08 17 2006	
	City State Zip Code			Transaction ID: 12899584	
	Salt Lake City	UT	84111-1453	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		250.00	
	Name of Employer Intermountain Health Care,	Occupation		7	
	Inc.	1	e Vice President and Chief C	<u>p</u> e	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	250.00		
SUBTOTAL of Receipts This Page (optional)					
т.	TOTAL This Period (last page this line number only)				
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 37 / 104	
· ·		Use separate schedule(s)		(check only one)	
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page		X 11a 11b 11c 12	
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Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Albert R Zimmerli			Date of Receipt	
	Mailing Address 36 South State Street,	22nd Fl		08 17 2006	
	City	State	Zip Code	Transaction ID: 12899585	
	Salt Lake City	UT	84111-1453	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Intermountain Health Care, Inc.		ice President and Chief Final	10	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.00		
			0 0 0 0 0 0 0	1	
В.	Full Name (Last, First, Middle Initial) Mr. Richard Smith			Date of Receipt	
	Mailing Address 1400 North 500 East			0 8 1 7 2 0 0 6	
	City	State	Zip Code	Transaction ID: 12899589	
	Logan	UT	84341-2499	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer Logan Regional Hospital	Occupation Chief Op	n erating Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼	7	
	Primary General		300.00		
	Other (specify) ▼	0 0	300.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Mark H. Shuter			Date of Receipt	
	Mailing Address 1087 Dennison Avenue	ļ		08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 12902516	
	Columbus	ОН	43201-3496	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer Doctors Hospital	Occupation Presiden		1	
	Receipt For:		e Year-to-Date ▼	7	
	Primary General		500.00		
	Other (specify) ▼		500.00		
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				1050.00	
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	1000.00	
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SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 38 / 104
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  A. Mr. Gordon F. Brunner			Date of Receipt
Mailing Address 7300 Sanderson Place			08 / 17 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 12902518
Cincinnati	OH	45243-4045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Christ Hospital	Occupation Trustee	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	-	250.00	1
Other (specify)	0 0	250.00	
Full Name (Last, First, Middle Initial)  Ms. Aurora Lambert			Date of Receipt
Mailing Address 12042 Cedarcreek Drive	08 / 07 / 2006		
City	State	Zip Code	Transaction ID: 12902520
Cincinnati	OH	45240-1002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Jewish Hospital	Occupation Senior Vi	n ice President	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial)  6. Mr. David R. Carpenter, , FACHE			Date of Receipt
Mailing Address 6229 Northlake Drive			M M / D D / Y Y Y
City	State	Zip Code	0 8 1 7 2 0 0 6  Transaction ID: 12962845
<u>Parkville</u>	MO	64152-6080	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		600.00
Name of Employer North Kansas City Hospital	Occupation Presiden	<sup>n</sup> t and Chief Executive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	1 1	600.00	1
Other (specify)	0 0	000.00	
SUBTOTAL of Receipts This Page (optional)			1100.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
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			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n	name and add	rnot be sold or used by any personal discontinuous discont	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. James V. Ferando			Date of Receipt
	Mailing Address P. O. Box 26666			08 / 14 / 2006
	City	State	Zip Code	Transaction ID: 12962853
	Albuquerque	NM	87125-6666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Presbyterian Healthcare Services	Occupation Sr. Vice I		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	200.00	1
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Samuel T Wallace			Date of Receipt
	Mailing Address 1200 Pleasant Street			M M / D D / Y Y Y Y
		08 17 2006		
	City	State	Zip Code	Transaction ID: 12963422
	Des Moines	IA	50309-1453	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Iowa Health System	Occupation President		
	Receipt For:		Year-to-Date <b>V</b>	
	Primary General	7 1991 09410	Tour to Buto V	1
	Other (specify) ▼		250.00	
				1
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Robert R Sellers			Date of Receipt
	Mailing Address 631 North Eighth Street			M M / D D / Y Y Y Y
				08 17 2006
	City	State	Zip Code	Transaction ID: 12963423
	Missouri Valley	IA	51555-1199	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	ı	7
	Alegent Health Community Memorial Hosp	Regional	Administrator	
	Receipt For:	+	Year-to-Date ▼	7
	Primary General			1
	Other (specify)		250.00	
				4
0	UBTOTAL of Receipts This Page (optional)			800.00
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S	CHEDULE A (FEC Form 3X)		Llac concrete achadula(a)	FOR LINE NUMBER: PAGE 40 / 104
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
II LIWIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
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or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Jeanne Goche			Date of Receipt
	Mailing Address 410 Main Street			08 17 2006
	City	State	Zip Code	Transaction ID: 12963425
	Manning	IA	51455-1093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Manning Regional Healthca- re Center	Occupation Chief Exe	n ecutive Officer & Administra	to
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Eric L Lothe			Date of Receipt
	Mailing Address P O Box 1006			08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12963428
	Newton	IA	50208-1006	Amount of Each Receipt this Period
	Newton	.,,	00200 1000	Amount of Lach Necelpt this remod
	FEC ID number of contributing federal political committee.	C	30200 1000	250.00
	FEC ID number of contributing federal political committee.  Name of Employer Skiff Medical Center	C		250.00
	FEC ID number of contributing federal political committee.  Name of Employer Skiff Medical Center  Receipt For:	Occupation President	1	250.00
	FEC ID number of contributing federal political committee.  Name of Employer Skiff Medical Center	Occupation President	n t and Chief Executive Office	250.00
	FEC ID number of contributing federal political committee.  Name of Employer Skiff Medical Center  Receipt For: Primary General	Occupation President	n t and Chief Executive Office Year-to-Date ▼	250.00
	FEC ID number of contributing federal political committee.  Name of Employer Skiff Medical Center  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Donna Katen-Bahensky  Mailing Address 200 Hawkins Drive	Occupation President	t and Chief Executive Office Year-to-Date ▼ 250.00	Date of Receipt    M M M
C.	FEC ID number of contributing federal political committee.  Name of Employer Skiff Medical Center  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Donna Katen-Bahensky  Mailing Address 200 Hawkins Drive  City	Occupation President Aggregate	and Chief Executive Office Year-to-Date ▼  250.00  Zip Code	Date of Receipt    Date of Receipt
c.	FEC ID number of contributing federal political committee.  Name of Employer Skiff Medical Center  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Donna Katen-Bahensky  Mailing Address 200 Hawkins Drive	Occupation President Aggregate	t and Chief Executive Office Year-to-Date ▼ 250.00	Date of Receipt    M M M
C.	FEC ID number of contributing federal political committee.  Name of Employer Skiff Medical Center  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Donna Katen-Bahensky  Mailing Address 200 Hawkins Drive  City	Occupation President Aggregate	and Chief Executive Office Year-to-Date ▼  250.00  Zip Code	Date of Receipt    M M
 c.	FEC ID number of contributing federal political committee.  Name of Employer Skiff Medical Center  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial) Ms. Donna Katen-Bahensky Mailing Address 200 Hawkins Drive  City Iowa City  FEC ID number of contributing federal political committee.  Name of Employer University of Iowa Hospitals and Clini	Occupation President Aggregate  State IA  C  Occupation Director a	and Chief Executive Office Year-to-Date ▼  250.00  Zip Code 52242-1007	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee.  Name of Employer Skiff Medical Center  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Donna Katen-Bahensky Mailing Address 200 Hawkins Drive  City Iowa City  FEC ID number of contributing federal political committee.  Name of Employer University of Iowa Hospitals and Clini Receipt For:	Occupation President Aggregate  State IA  C  Occupation Director a	and Chief Executive Office Year-to-Date ▼  250.00  Zip Code 52242-1007	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee.  Name of Employer Skiff Medical Center  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial) Ms. Donna Katen-Bahensky Mailing Address 200 Hawkins Drive  City Iowa City  FEC ID number of contributing federal political committee.  Name of Employer University of Iowa Hospitals and Clini	Occupation President Aggregate  State IA  C  Occupation Director a	and Chief Executive Office Year-to-Date ▼  250.00  Zip Code 52242-1007	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer Skiff Medical Center  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Donna Katen-Bahensky Mailing Address 200 Hawkins Drive  City Iowa City  FEC ID number of contributing federal political committee.  Name of Employer University of Iowa Hospitals and Clini Receipt For: Primary General	C Occupation President Aggregate  State IA C Occupation Director a Aggregate	zip Code 52242-1007  Zip Code 52242-1007  And Chief Executive Officer Year-to-Date ▼  600.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 41 / 104
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Charles L Millburg, CHE			Date of Receipt
	Mailing Address 300 Pershing Avenue			M M / D D / Y Y Y Y
	011	01-1-	7's Oads	08 17 2006
	City	State	Zip Code	Transaction ID: 12963433
	Shenandoah	<u>IA</u>	51601-2355	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Shenandoah Medical Center	Occupation		7
	Descipt Four	1	ecutive Officer	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	250.00	
	Other (specify)			
3.	Full Name (Last, First, Middle Initial) Mr. Peter W Thoreen			Date of Receipt
	Mailing Address 2720 Stone Park Boulev	ard ard		M M / D D / Y Y Y Y
		08 17 2006		
	City	State	Zip Code	Transaction ID: 12963434
	Sioux City	IA	51104-3795	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Luke's Regional Medic-	Occupation	n	
	al Center	Presiden	t and Chief Executive Officer	•
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	300.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Ronald R Reed			Date of Receipt
	Mailing Address 500 East Market Street			M M / D D / Y Y Y Y
				08 17 2006
	City	State	Zip Code	Transaction ID: 12963435
	lowa City	IA	52245-2689	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	n	
	Mercy Hospital	Presiden	t and Chief Executive Office	· _
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
_	OTAL The Burnella of the Control of	-1.)		
$\mathbf{I}$	OTAL This Period (last page this line number or	ΠΙ <b>Υ</b> )		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 104 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a     11b     11c     12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Mr. Greg E. Boattenhamer			Date of Receipt
	Mailing Address 100 East Grand Avenue Suite 100			08 / 17 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12963437
	Des Moines	IA	50309-1829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Iowa Hospital Association	Occupation Sr. Vice I	n President, Government Rela	tiq
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Ms. Kimberly A Russel			Date of Receipt
<b>J</b> .	Mailing Address 1111 Duff Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12963438
	Ames	IA	50010-5745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mary Greeley Medical Cent- er	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
 D.	Full Name (Last, First, Middle Initial) Mr. Leo A. Bressanelli			Date of Receipt
	Mailing Address 1227 East Rusholme Str	reet		08 17 2006
	City	State	Zip Code	Transaction ID: 12963440
	Davenport	IA	52803-2498	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Genesis Medical Center, Davenport	Occupation Presiden	n t & Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
S	UBTOTAL of Receipts This Page (optional)			1500.00
	OTAL This Period (last page this line number or			

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 43 / 104		
			Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12		
			Detailed Guillinary Fage	13 14	15 16 17		
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciti	ng contributions		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from s	uch committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)						
$\rangle$	American Hospital Association PAC						
_	Full Name (Last, First, Middle Initial)			<u> </u>			
۹.	Mr. David M. Miller			Date of Receipt			
	Mailing Address Miller Dairy Sales, Ltd.			M M / D D	/ Y Y Y Y		
	Route 2 Box 163			08 17	2006		
	City	State	Zip Code	Transaction ID: 129	963441		
	Chariton	IA	50049-9661	Amount of Each Rec	eipt this Period		
	FEC ID number of contributing				050.00		
	federal political committee.	C			250.00		
	Name of Employer Lucas County Health Center	Occupation	n	7			
	Lucas County Health Center	Trustee					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		250.00	1			
	Other (specify) ▼		230.00				
3.	Full Name (Last, First, Middle Initial) Mr. Michael D Trachta			Date of Receipt			
•	Mailing Address 312 Ninth Street SW			M M / D D	/ <b>Y Y Y Y</b>		
	Wilding Address STZ WITH Street SVV	08 17	2006				
	City	State	Zip Code	Transaction ID: 129	963443		
	Waverly	IA	50677-2929	Amount of Each Rec			
	FEC ID number of contributing				050.00		
	federal political committee.	C			250.00		
	Name of Francisco		_				
	Name of Employer Waverly Health Center	Occupation	ecutive Officer				
	Receipt For:		e Year-to-Date ▼	_			
	Primary General	Aggregate	real to Bate V	1			
	Other (specify)		250.00				
				1			
`	Full Name (Last, First, Middle Initial)			Date of Receipt			
٠.	Mr. A. James Tinker  Mailing Address 701 Tenth Street SF			<u> </u>	/ Y Y Y Y		
	Mailing Address 701 Tenth Street SE			08 17	2006		
	City	State	Zip Code	Transaction ID: 129	963444		
	Cedar Rapids	IA	52403-1251	Amount of Each Rec	eipt this Period		
	FEC ID number of contributing				500.00		
	federal political committee.	C			500.00		
	Name of Employer	Occupation	<u> </u>	$\dashv$			
	Mercy Medical Center		t and Chief Executive Officer				
	Receipt For:	1	Year-to-Date ▼				
	Primary General			1			
	Other (specify) ▼		500.00				
SI	UBTOTAL of Receipts This Page (optional)				1000.00		
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 104
ITEMIZED RECEIPTS			or each category of the	(check only one)  X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State or commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. David M Holcomb			Date of Receipt
	Mailing Address P O Box 2C			08 17 2006
	City	State	Zip Code	Transaction ID: 12963445
	Council Bluffs	IA	51502-3002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Jennie Edmundson Memorial	Occupation President	and Chief Executive Officer	
	Hospital   Receipt For:		Year-to-Date ▼	
	Primary General			
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Arthur J. Spies			Date of Receipt
	Mailing Address 100 East Grand Avenue Suite 100			08 / 17 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12963447
	Des Moines	IA	50309-1829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Iowa Hospital Association	Occupation Senior Vi	n ce President, Membership S	v¢s
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0		
Э.	Full Name (Last, First, Middle Initial) Mr. Gary S. Kahn			Date of Receipt
	Mailing Address 1104 5th Avenue W. Post Office Box 489			08 17 7 2006
	City	State	Zip Code	Transaction ID: 12963448
	Newton	IA	50208-3511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Skiff Medical Center	Occupation Trustee	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)		300.00	
SI	JBTOTAL of Receipts This Page (optional)			1000.00
Τ/	OTAL This Period (last page this line number only	v)	•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 104 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. J. Kirk Norris Mailing Address 5055 Upper Creek Drive			Date of Receipt  0 8 17 2006
	City	State	Zip Code	Transaction ID: 12963449
	Pleasant Hill	IA	50327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Iowa Hospital Association	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Ms. Mary Ann Osborn, RN, MA			Date of Receipt
	Mailing Address 1026 A Avenue			08 17 2006
	City	State	Zip Code	Transaction ID: 12963450
	Cedar Rapids	IA	52406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Luke's Hospital	Occupation Vice Pres	n sident, Chief Clinical Officer	
	Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<b>-</b> C.	Full Name (Last, First, Middle Initial) Ms. Sandra L. McIntosh			Date of Receipt
	Mailing Address 1208 Woodland Dr. SE			08 / 07 / 2006
	City Cedar Rapids	State IA	Zip Code 52403-9076	Transaction ID: 12963451
	FEC ID number of contributing federal political committee.	C	32403-9076	Amount of Each Receipt this Period  250.00
	Name of Employer St. Luke's Hospital	Occupation Director,	n Emergency Medical/Surgica	
	Receipt For:  ☐ Primary ☐ General  Other (specify) ▼		Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
_	OTAL This Period (last page this line number on	lu)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 46 / 104
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley			Date of Receipt
	Mailing Address 257 Clouse Lane			M M / D D / Y Y Y Y Y O O O O
	City	State	Zip Code	Transaction ID: 12964419
	Granville	OH	43023-1428	Amount of Each Receipt this Period
			10020 1120	Amount of Each Necept this Feriod
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Ohio Hospital Association	Occupation Senior Vi	n ce President	
	Receipt For:	1	Year-to-Date ▼	7
	Primary General	00 0		1
	Other (specify)		375.00	
3.	Full Name (Last, First, Middle Initial) Mr. Brent A Marsteller			Date of Receipt
	Mailing Address 1340 Hal Greer Bouleva	rd		M M / D D / Y Y Y Y
		08 31 2006		
	City	State	Zip Code	Transaction ID: 12971541
	Huntington	WV	25701-3800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Cabell Huntington Hospital	Occupation	n t and Chief Executive Office	. ]
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify)		500.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Mark Doak			Date of Receipt
	Mailing Address RR 1 Box 180			M M / D D / Y Y Y Y Y O O O O
	City	State	Zip Code	Transaction ID: 12971543
	Beverly	WV	26253-9753	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		250.00
	Name of Employer Davis Memorial Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			875.00
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T	OTAL This Period (last page this line number or	nly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	BER: PAGE 47/104	
ITEMIZED RECEIPTS			or each category of the	(check only one)	. — —
TI EIIIIEED TIEGEII TO			Detailed Summary Page		1b 11c 12
_			13 1	<u> </u>	
Ar	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of solicit contributions	f soliciting contributions from such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$  \rangle$	American Hospital Association PAC				
	7 interiori i ricopitali 7 loccolalici i 7 lo				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. David J Robertson			Date of Recei	ipt
	Mailing Address 2052 Iron Bridge Circle	)		0.8	31 2006
	City	State	Zip Code		ID: 12971545
	Morgantown	WV	26508-8064		ach Receipt this Period
			2000 000+	Amount of La	
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Monongalia General Hospit-	Occupation			
	al		ecutive Officer		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		500.00		
	case (operation), <b>\</b>	0 0	0 0 0 0 0 0 0	'	
	Full Name (Last, First, Middle Initial)				
В.	Ms. Karen L Bowling			Date of Recei	ipt
	Mailing Address 127 Orlando Street				D D / Y Y Y Y Y
	011	01-1-	7'- 0-4-	08	31 2006
	City	State	Zip Code		ID: 12971546
	Beckley	WV	25801-8792	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	rederal political committee.				
	Name of Employer Raleigh General Hospital	Occupation			
			ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General	' '	500.00	11	
	Other (specify)	1 1	1 1 1 1 1 1 1	J.	
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Scott C Stamm			Date of Recei	ipt
	Mailing Address 6314 Highland Drive				D D / Y Y Y Y
				08	31 2006
	City	State	Zip Code		ם: 12971547
	Huntington	WV	25705-2301	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing	С			265.00
	federal political committee.				
	Name of Employer	Occupation	n	7	
	River Park Hospital	Chief Exe	ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	265.00	1	
	Other (specify) ▼	0 0			
,	IIPTOTAL of Possints This Page (antispel)			, , ,	1265.00
$\vdash$	UBTOTAL of Receipts This Page (optional)		······	-	
т	OTAL This Period (last page this line number	only)	<b></b>	. L	
		,,			

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 104 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
<u>′</u> 4.	Full Name (Last, First, Middle Initial) Mr. Tony E Atkins			Date of Receipt
	Mailing Address 103 Hunter Drive	Chaha	7'n Oada	08 31 2006
	City Buckhannon	State WV	Zip Code 26201-9600	Transaction ID: 12971548  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Joseph's Hospital of Buckhannon Receipt For:		n ecutive Officer e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Richard L. Miller			Date of Receipt
	Mailing Address 743 Canterbury Drive			08 31 7 2006
	City Charleston	State WV	Zip Code	Transaction ID: 12971552
	FEC ID number of contributing federal political committee.	C	25314-1773	Amount of Each Receipt this Period 500.00
	Name of Employer West Virginia Hospital As- sociation	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Michael B. Robbins			Date of Receipt
	Mailing Address 31 Carriage Road			08 31 7 2006
	City Charleston	State WV	Zip Code 25314-2165	Transaction ID: 12971553
	FEC ID number of contributing federal political committee.	C	23314-2103	Amount of Each Receipt this Period  250.00
	Name of Employer West Virginia Hospital Association		nancial Policy	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)			1250.00
т	OTAL This Period (last page this line number o	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 104
ITEMIZED RECEIPTS		or each category of the		(check only one)
••	LIMIZED RECEIL TO		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar	by information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
<u></u>	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. George G. Couch			Date of Receipt
	Mailing Address 3 East Benjamin Drive			08 31 2006
	City	State	Zip Code	Transaction ID: 12971554
	New Martinsville	WV	26155-2758	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Wetzel County Hospital	Occupation	n	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Mark J Howard			Date of Receipt
	Mailing Address 3100 North Tenaya Way	/		08 / 31 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12974562
	Las Vegas	NV	89128-0436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MountainView Hospital	Occupation		
	Receipt For:		t and Chief Executive Officer e Year-to-Date    T	-
	Primary General	riggrogate		
	Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Benjamin K. Chu, , M.D.			Date of Receipt
	Mailing Address 393 E. Walnut Street 7th Floor			08 31 2006
	City	State	Zip Code	Transaction ID: 12974571
	Pasadena	CA	91188-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Kaiser Foundation Health	Occupation	<sup>n</sup> President, Southern Californ	i l
	Plan and Hosp Receipt For:		e Year-to-Date ▼	"-
	Primary General	, iggi egale		
	Other (specify) ▼		750.00	
s	UBTOTAL of Receipts This Page (optional)		······	1500.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 50 / 104
ITEMIZED RECEIPTS			or each category of the	(check only one)	- —
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b	11c   12
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Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any person dress of any political committee to :	n for the purpose of solic solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$  \rangle$	American Hospital Association PAC				
	7 mondan noophan nooddiaddin noo				
_	Full Name (Last, First, Middle Initial)				
Α.	Ms. Helen R. Strieder			Date of Receipt	
	Mailing Address 83 Penniman Place			0 8 3 1	
	City	State	Zip Code	Transaction ID: 12	
	Brookline	MA	02445-4135	Amount of Each Re	
		IVI/A	02443-4133	Amount of Each Ne	ceipi inis Fenod
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer New England Baptist Hospi-	Occupation	า		
	tal	Trustee			
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	500.00		
	Other (specify)	0 0			
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 641 Salem End road			M M / D D	/ Y Y Y Y
				08 31	2006
	City	State	Zip Code	Transaction ID: 12	2976084
	<u>Framingham</u>	MA	01702-5529	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				
	Name of Employer New England Baptist Hospi-	Occupation	า		
	tal	President	t & CEO		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		200.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Dana P Diggins			Date of Receipt	
	Mailing Address 133 Old Rd to Nine Acr	e Corner		M M / D D	/ Y Y Y Y Y
				08 31	2006
	City	State	Zip Code	Transaction ID: 12	2976085
	Concord	MA	01742-9120	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				
	Name of Employer	Occupation	1	1	
	Emerson Hospital	Senior Vi	ce President and Chief Finan	nd	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		250.00		
_				<u> </u>	
			750.00		
L	UBTOTAL of Receipts This Page (optional)		·····		
_	OTAL This Davied (lest name this line and t	المامد			
1 [	OTAL This Period (last page this line number of	וy) וווכ	<b>P</b>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 51 / 104	
			Use separate schedule(s) or each category of the	(check only one)	٦
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	7
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				┪
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Gary Lapidas			Date of Receipt	
	Mailing Address 33 Christine Street			08 / 31 / Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 12976086	
	Worcester	MA	01606-2306	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer UMass Memorial Health Car- e, Inc.	Occupation Senior Vi	n ice President		
	Receipt For:	1	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0	8 8 8 8 8 8		
3.	Full Name (Last, First, Middle Initial) Mr. Calvin M. Pierson			Date of Receipt	
	Mailing Address 4 Kampman Court	08 31 7 2006			
	City	State	Zip Code	Transaction ID: 12976087	
	<u>Sparks</u>	MD	21152-9423	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		800.00	
	Name of Employer Maryland Hospital Associa-	Occupation		7	
	tion	President			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify) ▼		800.00		
).	Full Name (Last, First, Middle Initial) Ms. Pamela Williams			Date of Receipt	
	Mailing Address 3001 S. Hanover Street			M M / D D / Y Y Y Y Y O O O O O	
	City	State	Zip Code	Transaction ID: 12976091	
	Baltimore	MD	21225-1233	Amount of Each Receipt this Period	
	FEC ID number of contributing		1 1 1 1 1	250.00	
	federal political committee.	C		250.00	
	Name of Employer Harbor Hospital Center	Occupation Asst. VP,	n , Human Resources		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)		230.00		
S	UBTOTAL of Receipts This Page (optional)			1300.00	
_	OTAL TIL D. 1.10		<u>`</u>		
T	OTAL This Period (last page this line number or	าly)	<b>)</b>		

91	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 53	2 / 104
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c	12
			Detailed Guillinary Fage	13 14 15	16 17
An	y information copied from such Reports and Stat	tements may	y not be sold or used by any perso	on for the purpose of soliciting contribution	tions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such commit	itee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
۹.	Mr. Thomas Gipson			Date of Receipt	
	Mailing Address 3001 South Hanover Str	eet			0 0 6
	City	State	Zip Code	Transaction ID: 12976092	
	Baltimore	MD	21225-1233	Amount of Each Receipt this Pe	eriod
	FEC ID number of contributing				1 1
	federal political committee.	C		25	50.00
	Name of Employer Harbor Hospital Center	Occupation			
			sident, Medical Affairs	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.00		
	care (epitally), •	0 0	0 0 0 0 0 0 0	1	
2	Full Name (Last, First, Middle Initial) Mr. Thomas Corley			Date of Receipt	
٠.	Mailing Address North 5633 Lidgerwood	Δνορμο		<b>-</b>	YY
	Walling Address Mortil 3000 Elager Wood A		0 0 6		
	City	State	Zip Code	Transaction ID: 12976116	
	Spokane	WA	99208-2533	Amount of Each Receipt this Pe	riod
	FEC ID number of contributing			21	50.00
	federal political committee.	C			30.00
	Name of Employer	Occupation	 n		
	Holy Family Hospital	President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		075.00	1	
	Other (specify) ▼		375.00		
Э.	Full Name (Last, First, Middle Initial) Mr. John T. Evans, Jr.			Date of Receipt	
	Mailing Address 124 Heather Lane			M M / D D / Y Y	ΥΥ
				08 31 20	0 0 6
	City	State	Zip Code	Transaction ID: 12976117	
	Wenatchee	WA	98801-9644	Amount of Each Receipt this Pe	riod
	FEC ID number of contributing	С		25	50.00
	federal political committee.				
	Name of Employer Central Washington Hospit-	Occupation	n		
	al	President	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼	0 0	200.00		
S	UBTOTAL of Receipts This Page (optional)			75	0.00
			·		
T	OTAL This Period (last page this line number or	ıly)	<b>)</b>		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 53 / 104
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Gerard Fischer			Date of Receipt
	Mailing Address 5909 West Pima Court			08 31 2006
	City	State	Zip Code	Transaction ID: 12976118
	Spokane	WA	99208-9010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Sacred Heart Medical Cent-	Occupation	1	-
	Sacred Heart Medical Cent- er	Vice Pres	sident- Systems Developmer	nt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050,00	1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Richard W Linneweh, Jr.			Date of Receipt
	Mailing Address 2811 Tieton Drive			08 31 YYYYY 2006
	City	State	Zip Code	Transaction ID: 12976119
	Yakima	WA	98902-3799	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Yakima Valley Memorial Ho-	Occupation	n t and Chief Executive Office	
	spital Receipt For:		Year-to-Date V	
	Primary General	Aggregate	r rear-to-bate V	1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Ms. Susan Reiter			Date of Receipt
•	Mailing Address PO Box 307			M M / D D / Y Y Y Y
				08 31 2006
	City	State	Zip Code	Transaction ID: 12976120
	Enumclaw	WA	98022-0307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Enumclaw Community Hospit-	Occupation	<u> </u>	7
	Enumclaw Community Hospit- al	Trustee		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
			<u> </u>	
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 54 / 104
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 otaliou Guillina, i ago	13 14 15 16 17
Ar	ny information copied from such Reports and S	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Mark D Judy			Date of Receipt
	Mailing Address P O Box 646			08 31 2006
	City	State	Zip Code	Transaction ID: 12976121
	Monroe	WA	98272-0646	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Valley General Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Alan R. Yordy			Date of Receipt
	Mailing Address 3956 Shasta View			M M / D D / Y Y Y Y Y O O O O O
	City	State	Zip Code	Transaction ID: 12976122
	Eugene	OR	97405-5868	Amount of Each Receipt this Period
	<u> </u>	<u> </u>	37400 3000	Amount of Each receipt this rendu
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PeaceHealth	Occupation	n t & Chief Executive Officer	7
	Receipt For:	1	Year-to-Date   Year-to-Date	
	Primary General	Aggregate	rear-lo-Dale V	
	Other (specify)		500.00	
	Carlot (openity) V	0 0		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Thomas P Rasmusson			Date of Receipt
	Mailing Address 525 North Foster			08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12976221
	Mitchell	SD	57301-2966	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Avera Queen of Peace	Occupation President	n t and Chief Executive Office	<del>-</del>
	Receipt For:		Year-to-Date ▼	
	Primary General	33 3		1
	Other (specify)		250.00	
$\overline{}$				
_	UDTOTAL (CD. 11) THE CO. (CH. C.			1250.00
$\vdash^{s}$	UBTOTAL of Receipts This Page (optional)			
1				

			FOR LINE NUMBER:	PAGE 55 / 104	
ITEMIZED RECEIPTS			or each category of the	(check only one)	. –
II LIVIIZED ILEGEIF I 3		Detailed Summary Page	X 11a 11b	11c 12	
				13 14	15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	n for the purpose of solicit	ing contributions
OI		arie ariu auc	iress or any political committee to	SOlicit Contributions from S	such committee.
	NAME OF COMMITTEE (In Full)				
17	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. Fredrick Slunecka			Date of Receipt	
	Mailing Address P O Box 5045			M M / D D	/ <b>Y Y Y Y</b>
				08 31	2006
	City	State	Zip Code	Transaction ID: 12	976223
	Sioux Falls	SD	57117-5045	Amount of Each Re	ceipt this Period
	FEC ID number of contributing				050.00
	federal political committee.	C			250.00
	V (F )	10 "		_	
	Name of Employer Avera McKennan Hospital	Occupation			
	and University		President	_	
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	375.00		
	Carlor (openity)	1			
_	Full Name (Last, First, Middle Initial)				
В.	Dr. David Erickson, , M.D.			Date of Receipt	
	Mailing Address P O Box 38			M M / D D	/ <b>Y</b>
				08 31	2006
	City	State	Zip Code	Transaction ID: 12	976224
	Yankton	SD	57078-0038	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	С			125.00
	federal political committee.	C			125.00
	Name of Employer	Occupation	1	_	
	Name of Employer Avera Health		ce President and Chief Medic	ca.	
	Receipt For:		Year-to-Date ▼		
	Primary General	33 -3			
	Other (specify)		250.00		
	Full Name (Last, First, Middle Initial)				
C.	Ms. Deb Fischer Clemens			Date of Receipt	
	Mailing Address P O Box 5045			M M / D D	7 Y Y Y Y
	011	01-1-	7'- 01-	08 31	2006
	City	State	Zip Code	Transaction ID: 12	
	Sioux Falls	SD	57117-5045	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				
	Name of Employer	Occupation	1		
	Avera McKennan Hospital and University	Director (	Center for Public Policy		
	Receipt For:		Year-to-Date ▼		
	Primary General		075'00'		
	Other (specify) ▼		375.00		
					605.00
s	UBTOTAL of Receipts This Page (optional)		·····		625.00
T	OTAL This Period (last page this line number or	nly)			

SCHEDULE A (FEC Form 3X)  Use separate schedule(s)			FOR LINE NUMBER:	PAGE 56 / 104	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
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				13 14	15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of solici	ting contributions
OI		and add	iress or any political committee to	SOIICIL CONTINUUTIONS TROM	Such committee.
	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial)			<u> </u>	
Α.	Ms. Cindy Morrison			Date of Receipt	
	Mailing Address 1601 E. 56th St.			M M / D D	/ <b>Y Y Y Y</b>
	1001 2. 00 0			08 31	2006
	City	State	Zip Code	Transaction ID: 12	2976229
	Sioux Falls	SD	57103-5469	Amount of Each Re	eceipt this Period
	FEC ID number of contributing				050.00
	federal political committee.	C			250.00
	Name of English	0 1'		_	
	Name of Employer Sioux Valley Hospitals and	Occupation			
	Health Syst Receipt For:		sident Public Policy	_	
	Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	250.00		
	Carior (opeony) 🔻				
_	Full Name (Last, First, Middle Initial)				
В.	Ms. Becky Nelson			Date of Receipt	
	Mailing Address P O Box 5039			M M / D D	/ <b>Y                                   </b>
				08 31	2006
	City	State	Zip Code	Transaction ID: 12	2976230
	Sioux Falls	SD	57117-5039	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.				200.00
	Name of Employer	Occupation	1		
	Name of Employer Sioux Valley Hospital Uni- versity Medic	President			
	Receipt For:	Aggregate	Year-to-Date <b>V</b>		
	Primary General			1	
	Other (specify) ▼		250.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. William Mason Moss			Date of Receipt	
	Mailing Address 2300 Opitz Boulevard			08 31	2006
	City	State	Zip Code	Transaction ID: 12	
	Woodbridge	VA	22191-3311	Amount of Each Re	
	FEC ID number of contributing				<del> </del>
	federal political committee.	C			250.00
	Name of Employer Potomac Hospital	Occupation			
		President			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.	
	Other (specify)	' '	250.00		
	Cutici (Specify)	0 0			
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	UBTOTAL of Receipts This Page (optional)				750.00
$\vdash$	DETECTION OF THOSE AND TAGE (OPHORIAL)				
T	OTAL This Period (last page this line number on	lv)	<b>.</b>		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 57 / 104
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinally 1 age	13 14 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	E HALL OF A SECOND SECOND			
Α.	Full Name (Last, First, Middle Initial) Mr. Anthony R. Clark			Date of Receipt
	Mailing Address 13003 Occoquan Road			M M / D D / Y Y Y Y
	011	01-1-	7'- 0-4-	08 31 2006
	City	State	Zip Code	Transaction ID: 12977899
	Woodbridge	VA	22192-2810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Prince William Hospital	Occupation	า	
	Prince William Hospital	President	t	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	☐ Other (specify) ▼		200.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 77 Gloucester Court			08 31 2006
	City	State	Zip Code	Transaction ID: 12977901
	Troutville	VA	24175-6625	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	 1	_
	Carilion Health System		ce President	
	Receipt For:	1	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		250.00	
_	Full Name (Last First Middle Initial)			
C.	Full Name (Last, First, Middle Initial) Mr. John F. Duval			Date of Receipt
	Mailing Address 3307 Brewton Way			08 31 2006
	City	State	Zip Code	Transaction ID: 12977904
	Midlothian	VA	23113-3793	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		250.00
	Name of Employer VCU Health System	Occupation		
			ecutive Officer	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	☐ Ottlet (specily) ▼	-		1
,	LIPTOTAL of Possints This Page (anti-rall)			750.00
$\vdash$	UBTOTAL of Receipts This Page (optional)			
				The state of the s

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 58 / 104	
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16	17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
۹.	Mr. Matthew J. Perry			Date of Receipt	
	Mailing Address 205 Tel Brooke Road			M M / D D / Y Y Y Y	1
	011	01-1-	7's Oads	08 31 2006	
	City  Peoles Mount	State	Zip Code	Transaction ID: 12977909	
	Rocky Mount	VA	24151-4000	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Bedford Memorial Hospital	Occupation			
	Receipt For:	Hospital	Director e Year-to-Date ▼	_	
	Primary General	Aggregate	rtear-10-Date V	1	
	Other (specify)		250.00		
	and (openly) $\psi$	0 0	0 0 0 0 0 0 0		
3.	Full Name (Last, First, Middle Initial) Mr. Donald E. Lorton			Date of Receipt	
	Mailing Address 1141 Windy Hill Road			M M / D D / Y Y Y Y	1
				08 31 2006	
	City	State	Zip Code	Transaction ID: 12977913	
	Goodview	VA	24095-2909	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.				
	Name of Employer	Occupation	n		
	Carilion Health System	Vice Pres	sident		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼		230.00		
_	Full Name (Last, First, Middle Initial)			Date of Descipt	
٠.	Mr. J Knox Singleton  Mailing Address 8110 Gatehouse Road			Date of Receipt	1
	8110 Gatenouse Hoad			08 31 2006	
	City	State	Zip Code	Transaction ID: 12977914	
	Falls Church	VA	22042-1210	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	С		250.00	
	Name of Employer	Occupation	 n	┪	
	Inova Health' System		t and Chief Executive Office		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼	0 0	250.00		
				750.00	
S	UBTOTAL of Receipts This Page (optional)	<u></u>		730.00	
T	OTAL This Period (last page this line number o	nly)	<b>)</b>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 104
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
$\angle$				
^	Full Name (Last, First, Middle Initial)			Date of Receipt
A.	Mr. Russell Seneca Mailing Address 3300 Gallows Road			<del>-</del>
	Mailing Address 3300 Gallows Road			08 31 2006
	City	State	Zip Code	Transaction ID: 12977925
	Falls Church	VA	22042-3307	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Inova Fairfax Hospital	Occupation	n	7
			n, Dept. Surgery	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	230.00	
_	Full Name (Last, First, Middle Initial)			
В.	Ms. Peggy J. Braun			Date of Receipt
	Mailing Address 3116 Yeates Lane	08 31 2006		
	City	State	Zip Code	Transaction ID: 12977938
	Virginia Beach	VA	23452-6117	Amount of Each Receipt this Period
	FEC ID number of contributing			62.50
	federal political committee.	C		02.30
	Name of Employer Sentara Virginia Beach Ge-	Occupation	n	7
	neral Hospita	Nurse Ex	recutive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		200 50	1
	Other (specify) ▼	0 0	202.50	
_	Full Name (Last, First, Middle Initial)			+
C.	Mr. Shawn McLaughlin			Date of Receipt
	Mailing Address 104 Commonwealth Ave	enue		08 31 2006
	City	State	Zip Code	Transaction ID: 12977948
	Alexandria	VA	22301-2316	Amount of Each Receipt this Period
	FFO ID work or of contribution			250.00
	federal political committee.	C		230.00
	Name of Employer Inova Health System	Occupation	n	7
		Trustee	<u> </u>	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		200.00	1
Г				
s	UBTOTAL of Receipts This Page (optional)			562.50
$\vdash$	s			-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 104
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. David L Bernd			Date of Receipt
	Mailing Address 6015 Poplar Hall Drive			08 31 YYYYY 2006
	City	State	Zip Code	Transaction ID: 12977951
	Norfolk	VA	23502-3819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sentara Healthcare	Occupation	ecutive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Bertram Reese			Date of Receipt
	Mailing Address 6015 Poplar Hall Drive			08 31 YYYYY 2006
	City	State	Zip Code	Transaction ID: 12977952
	Norfolk	VA	23502-3819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sentara Healthcare	Occupation Chief Info	n ormation Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	230.00	
Э.	Full Name (Last, First, Middle Initial) Mr. John M. Toups			Date of Receipt
	Mailing Address 1460 Waggaman Circle			08 / 31 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12977955
	McLean	VA	22101-4004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Inova Health System	Occupation Trustee	1	
	Receipt For:	l	Year-to-Date ▼	
	Primary General			1
	Other (specify)		250.00	
S	JBTOTAL of Receipts This Page (optional)			750.00
			<u> </u>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM		
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	II LIVIIZED NEGLIF 13		Detailed Summary Page		11b 11c 12
					4 15 16 17
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person dress of any political committee to	n for the purpose o	of soliciting contributions  s from such committee
<u></u>	NAME OF COMMITTEE (In Full)	14.110 4.14 440	arees or any pointed committee to		
$  \rangle$	American Hospital Association PAC				
	American Hospital Association 1 Ac				
_	Full Name (Last, First, Middle Initial)				
A.	Dr. Gary Yates, M.D.			Date of Rece	eipt
	Mailing Address 3268 Stapleford Chase			0.8	31 2006
	City	State	Zip Code		ID: 12977956
	Virginia Beach	VA	23452-6272		ach Receipt this Period
			EUTUE UETE	Amount of La	acii neceipi illis reliou
	FEC ID number of contributing federal political committee.	C			250.00
	<u> </u>				
	Name of Employer Sentara Norfolk General	Occupation			
	Hospital		Medical Director	_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	250.00		
	Canor (opeon)) \		1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Rece	eipt
	Mailing Address 22 Bramhall Street				D D / Y Y Y Y
	01.	01-1-	7'- 0 - 1-	08	31 2006
	City	State	Zip Code		ID: 12978588
	Portland	ME	04102-3134	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Tederal political committee.				
	Name of Employer Maine Medical Center	Occupation	า		
	·		t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼	.	
	Primary General		500.00		
	Other (specify)				
	Full Name (Last, First, Middle Initial)				
C.	Mr. James Morris			Date of Rece	eipt
	Mailing Address 301 Second Street North	heast			D D / Y Y Y Y
	011	01-1-	7'- 0 - 1-	08	31 2006
	City	State MN	Zip Code		ID: 12978861
	New Prague	IVIIN	56071-1709	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing federal political committee.	C			225.00
	Toderal political committee.				
	Name of Employer Queen of Peace Hospital	Occupation	า		
		Trustee			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)	' '	300.00		
	Other (specify)	0 0			
	UBTOTAL of Receipts This Page (optional)		975.00		
$\vdash$					
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 104 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
<b>A</b> .	Full Name (Last, First, Middle Initial) Ms. Debra K Boardman Mailing Address 323 South Minnesota St	reet		Date of Receipt  0 8 3 1 2 0 0 6
	City	State	Zip Code	Transaction ID: 12978867
	Crookston	MN	56716-1600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Riverview Healthcare Asso- ciation		t and Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Richard R Pettingill			Date of Receipt
	Mailing Address P O Box 43			08 / 31 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12978869
	Minneapolis  FEC ID number of contributing federal political committee.	C	55440-0043	Amount of Each Receipt this Period  500.00
	Name of Employer Allina Hospitals & Clinics	Occupation President	n t and Chief Executive Office	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
<b>D.</b>	Full Name (Last, First, Middle Initial) Ms. Margaret E Perryman			Date of Receipt
	Mailing Address 200 East University Ave	nue		08 / 31 / 2006
	City Saint Paul	State MN	Zip Code 55101-2598	Transaction ID: 12978873  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33101-2390	225.00
	Name of Employer Gillette Children's Speci- alty Healthca Receipt For:		n t and Chief Executive Officer y Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	475.00	
S	UBTOTAL of Receipts This Page (optional)			850.00
T	OTAL This Period (last page this line number or	nly)		

SC	CHEDULE A (FEC Form 3X)		Lie e e e e e e e e e e e e e e e e e e	FOR LINE NUMBER: PAGE 63 / 104
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13     14     15     16     17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben			Date of Receipt
	Mailing Address 4885 Pheasant Court Sc			08 / 31 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12978885
	Afton	MN	55001-9415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		231.00
	Name of Employer Minnesota Hospital Associ-	Occupation Presiden		
	ation Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General		704.50	1
	Other (specify) ▼	0 0	731.50	
3.	Full Name (Last, First, Middle Initial) Mr. Mark Sonneborn			Date of Receipt
	Mailing Address 2550 University Avene	08 / 31 / Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 12978888
	St. Paul	MN	55114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Minnesota Hospital Associ- ation	Occupation Vice Pres	n sident of Information Service	s
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		560.00	
	Other (specify)	0 0	360.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Craig J Broman			Date of Receipt
	Mailing Address 1406 Sixth Avenue North	า		08 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State	Zip Code	Transaction ID: 12978893
	Saint Cloud	MN	56303-1901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Cloud Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For:		e Year-to-Date ▼	7
	Primary General		050.00	1
	Other (specify)	0 0	250.00	
SI	JBTOTAL of Receipts This Page (optional)			601.00
т	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Llas concrete cobodulo(a)	FOR LINE NUMBER: PAGE 64 / 104
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
Δ	ovinformation and officers and O			13 14 15 16 17
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	rnot be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. James F Hanko			Date of Receipt
	Mailing Address 1300 Anne Street NW			08 31 2006
	City	State	Zip Code	Transaction ID: 12978901
	Bemidji	MN	56601-5103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.46
	Name of Employer North Country Regional Ho- spital	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		734.86	1
	Other (specify) ▼			
В.	Full Name (Last, First, Middle Initial) Dr. Peter E Person, M.D.			Date of Receipt
	Mailing Address 502 East Second Stree	iling Address 502 East Second Street		
	City	State	Zip Code	08 31 2006
	Duluth	MN	55805-1982	Transaction ID: 12978904
		IVIIN	33003-1902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Mary's/Duluth Clinic	Occupation		
	Health System		t and Chief Executive Officer	<u>r  </u>
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	,
	Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Keith Harvey			Date of Receipt
	Mailing Address 901 9th Street, North			08 31 2006
	City	State	Zip Code	Transaction ID: 12978905
	Virginia	MN	55792-2348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Virginia Regional Medical Center	Occupation CEO	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	1
	Other (specify) ▼			
s	UBTOTAL of Receipts This Page (optional)			670.46
TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC F	orm 3Y)		FOR LINE NUMBER:	PAGE 65 / 104
		Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS	5	or each category of the Detailed Summary Page	X 11a 11b	11c 12
		Detailed Guillinary Fage	13 14	15 16 17
Any information copied from such	Reports and Statements may	not be sold or used by any pers	on for the purpose of solicit	ing contributions
or for commercial purposes, other	than using the name and add	dress of any political committee to	solicit contributions from s	such committee.
NAME OF COMMITTEE (In F	-ull)			
American Hospital Associ	iation PAC			
Full Name (Last, First, Middle A. Mr. John Sackett	Initial)		Date of Receipt	
Mailing Address 100 Healt	h Park Drive		0 8 / D D D 3 1	2006
City	State	Zip Code	Transaction ID: 12	978970
Louisville	CO	80027-9583	Amount of Each Red	
FEC ID number of contributing federal political committee.	C			250.00
Name of Employer Avista Adventist Hospital	Occupation Chief Exe	ecutive Officer		
Receipt For:		Year-to-Date ▼		
Primary Genera			7	
Other (specify) ▼		250.00		
			_	
Full Name (Last, First, Middle Mr. David P Gehant	Initial)		Date of Receipt	
Mailing Address P O Box 9	9019	0 8 3 1	2006	
City	State	Zip Code	Transaction ID: 12	978972
Boulder	CO	80301-9019	Amount of Each Red	
FEC ID number of contributing			1 1 1 1	050.00
federal political committee.	C			250.00
Name of Employer	Occupation	2	_	
Name of Employer Boulder Community Hospital	· '	t and Chief Executive Office	ar	
Receipt For:		Year-to-Date ▼	<u> </u>	
Primary General			7	
Other (specify) ▼		250.00		
			-	
Full Name (Last, First, Middle Dr. Rulon F Stacey, Ph.D	Initial)		Date of Receipt	
	th Lemay Avenue		M M / D D	/ <b>Y Y Y Y</b>
	tir Lomay Avenue		08 31	2006
City	State	Zip Code	Transaction ID: 12	978979
Fort Collins	CO	80524-3998	Amount of Each Red	ceipt this Period
FEC ID number of contributing	C			250.00
federal political committee.	0			
Name of Employer	Occupation	1		
Poudre Valley Hospital	Former F	President and CEO		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General	al	250.00	1	
Other (specify)		250.00	_	
SUBTOTAL of Receipts This Pa	age (optional)		<u> </u>	750.00
TOTAL This Period (last page th	nie line number entri			
I O I AL I I IIIS FEITIOU (Tast page tr	no mie number omy)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 104
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	EIVIIZED RECEIP 13	Detailed Summary Page		X 11a
_				13 14 15 16 17
Ar or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Mr. Mitchell C Carson			Date of Receipt
	Mailing Address P O Box 1659			08 31 2006
	City	State	Zip Code	Transaction ID: 12978995
	Longmont	CO	80502-1659	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Longmont United Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0		
В.	Full Name (Last, First, Middle Initial) Mr. Richard Eitel			Date of Receipt
	Mailing Address P O Box 1326			08 31 2006
	City	State	Zip Code	Transaction ID: 12978996
	Colorado Springs	CO	80901-1326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Robert W Ladenburger			Date of Receipt
	Mailing Address P O Box 1628			08 31 7 2006
	City	State	Zip Code	Transaction ID: 12979001
	Grand Junction	CO	81502-1628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Mary's Hospital and	Occupation	1	
	Medical Center		t and Chief Executive Officer	<u>·</u>
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼			1
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	R: PAGE 67/104	
	ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b	□ 440 □ 40
			Detailed Summary Page	X 11a 11b	11c   12 15   16   17
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of sol	liciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from	m such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC				
	American Hospital Association FAC				
_	Full Name (Last, First, Middle Initial)			Data of Descipt	
Α.	Mr. John E. Callender  Mailing Address 2743 Elginfield Road			Date of Receipt	D / Y Y Y Y
				08 3	
	City	State	Zip Code	Transaction ID:	
	Upper Arlington	OH	43220-4247	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer Ohio Hospital Association	Occupation Senior Vi	n ce President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		225.00		
	Cities (specify)			J	
В.	Full Name (Last, First, Middle Initial) Ms. Cathleen K Nelson			Date of Receipt	
	Mailing Address 2600 Navarre Avenue			08 / 3	1 2006
	City	State	Zip Code	Transaction ID:	12979174
	Oregon	OH	43616-3297	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			6.25
	Name of Employer St. Charles Mercy Hospital	Occupation Presiden	n t and Chief Executive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		256.25	1	
	U Other (specify) ▼	0 0	1 1 1 1 1 1 1	1	
_	Full Name (Last, First, Middle Initial)			5. (5. )	
C.	Mr. Ronald L Jacobson  Mailing Address 305 South State Street			Date of Receipt	D / Y Y Y Y
	505 Godin Glate Gireet			08 3	
	City	State	Zip Code	Transaction ID:	
	Aberdeen	SD	57402-4450	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Avera St. Luke's	Occupation Presiden	n t and Chief Executive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼	_ [	
	Primary General  Other (specify) ▼		250.00		
	Outer (Specify) \		0 0 0 0 0 0 0	1	
s	UBTOTAL of Receipts This Page (optional)				381.25
			•		
T	OTAL This Period (last page this line number of				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 68 / 104			
	TEMIZED RECEIPTS		or each category of the	(check only one)			
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17			
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)	ine and add	iless of any political committee to	Solicit Contributions from Such Committee.			
$\rangle$	American Hospital Association PAC						
	Full Name (Last, First, Middle Initial)						
۹.	Mr. Kelby K Krabbenhoft			Date of Receipt			
	Mailing Address P O Box 5039			08 31 2006			
	City	State	Zip Code	Transaction ID: 12979419			
	Sioux Falls	SD	57117-5039	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Sioux Valley Hospitals and	Occupation		7			
	Health Syst		and Chief Executive Officer				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify) ▼	0 0	250.00				
3.	Full Name (Last, First, Middle Initial) Mr. David Kretschmer			Date of Receipt			
	Mailing Address HC 83, Box 88			08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 12979421			
	Custer	SD	57730-9707	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Custer Regional Hospital	Occupation					
	Receipt For:	Administr	rator Year-to-Date <b>V</b>	_			
	Primary General	riggiogato					
	Other (specify) ▼		250.00				
Э.	Full Name (Last, First, Middle Initial) Mr. David Link			Date of Receipt			
	Mailing Address 4601 Shields Avenue S.			08 31 7 2006			
	City	State	Zip Code	Transaction ID: 12979423			
	Sioux Falls	SD	57103-5818	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Sioux Valley Hospitals and	Occupation					
	Health Syst Receipt For:		e Vice President Year-to-Date ▼	_			
	Primary General	Aggregate					
	Other (specify) ▼	0 0	250.00				
s	SUBTOTAL of Receipts This Page (optional)						
_	OTAL THE DAY OF A STATE OF A STAT						
ſ	OTAL This Period (last page this line number onl	ıy)					

S	CHEDULE A (FEC Form 3X)		Llac concrete cohodulo(a)	FOR LINE NUMBER: PAGE 69 / 104	
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	
TI EIMIZED TIEGEII 10			Detailed Summary Page	X   11a   11b   11c   12	
Δ.	information and from such Departs and C			13 14 15 16 17	
or	ly information copied from such Reports and S for commercial purposes, other than using the	name and add	rnot be sold or used by any person Iress of any political committee to	o solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Ms. Mary C. Mayhew			Date of Receipt	
	Mailing Address 150 Capitol Street			08 31 2006	
	City	State	Zip Code	Transaction ID: 12979465	
	Augusta	ME	04330-6858	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Maine Hospital Association	Occupation Vice Pres	n sident, Government Affairs		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼		300.00		
В.	Full Name (Last, First, Middle Initial) Ms. Helen R. Strieder			Date of Receipt	
	Mailing Address 83 Penniman Place			08 22 2006	
	City	State	Zip Code	Transaction ID: 12979489	
	Brookline	MA	02445-4135	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.	0			
	Name of Employer New England Baptist Hospi-	Occupation	1		
	tal	Trustee	Variation Data		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,	
	Other (specify) ▼		250.00		
— С.	Full Name (Last, First, Middle Initial) Ms. Cynthia Kreutz			Date of Receipt	
٠.	Mailing Address 900 Potomac Street			M M / D D / Y Y Y Y	
				08 22 2006	
	City	State	Zip Code	Transaction ID: 12979494	
	Aurora	CO	80011-6716	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Spalding Rehabilitation Hospital	Occupation President	n t and Chief Executive Office	r	
	Receipt For:		Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)			1000.00	
H	, , , , , , , , ,		<b>'</b>		
TOTAL This Period (last page this line number only)					

SI	CHEDULE A (FEC Form 3X)	[		FOR LINE NUMBER: PAGE 70	/ 104
			Use separate schedule(s) or each category of the	(check only one)	
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	2
			, 0	13 14 15 10	6 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contribution solicit contributions from such committee	ns e.
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Robert P Barbier			Date of Receipt	
	Mailing Address 530 South Jackson Street	t 		08 22 7 20	
	City	State	Zip Code	Transaction ID: 12979513	
	Louisville	KY	40202-3611	Amount of Each Receipt this Period	od
	FEC ID number of contributing federal political committee.	С		600	0.00
	University of Louisville	Occupation	ancial Officer		
	Hospital Receipt For:		Year-to-Date ▼		
	Primary General		000.00	1	
	Other (specify) ▼		600.00		
3.	Full Name (Last, First, Middle Initial) Mr. Lewis Terry Peeples			Date of Receipt	
	Mailing Address P O Box 2400	08 / 22 / 20			
	City	State	Zip Code	Transaction ID: 12979514	
	<u>Hopkinsville</u>	KY	42241-2400	Amount of Each Receipt this Period	od
	FEC ID number of contributing federal political committee.	С		1000	).00
	Ionnio Stuart Modical Con	Occupation			
	ter		ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		1000.00		
	Full Name (Last, First, Middle Initial) Mr. E. Berton Whitaker			Date of Receipt	
-	Mailing Address 900 Clinic Drive			0 8 2 2 2 0 0	
	City	State	Zip Code	Transaction ID: 12979515	0
	<u>Madisonville</u>	KY	42431-1653	Amount of Each Receipt this Period	
	FEC ID number of contributing				1
	federal political committee.	C		1000	1.00
	Trover Foundation	Occupatior President			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1000.00		
	Other (specify) ▼	0 0			
s	UBTOTAL of Receipts This Page (optional)			2600	.00
т.	OTAL This Period (last page this line number only	Λ)			
•		,	······		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 71 / 104		
•			Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			Dotailed Carifficary 1 age	13 14 15 16 17		
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Mark J Neff			Date of Receipt		
	Mailing Address 222 Medical Circle			08 22 7 2006		
	City	State	Zip Code	Transaction ID: 12979517		
	Morehead	KY	40351-1180	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer St. Claire Regional Medic-	Occupation President	n t and Chief Executive Officer	. ]		
	al Center Receipt For:		Year-to-Date ▼			
	Primary General	39 -3		1		
	Other (specify) ▼		1000.00			
				1		
В.	Full Name (Last, First, Middle Initial) Mr. Russ Ranallo			Date of Receipt		
	Mailing Address 811 East Parrish Avenu	ie		08 22 2006		
	City	State	Zip Code	Transaction ID: 12979518		
	Owensboro	KY	42303-3268	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		600.00		
	Name of Employer	Occupation	า			
	Owensboro Medical Health System	Vice Pres	sident, Financial Services			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		600.00	1		
	Other (specify)		000.00			
_	Full Name (Last, First, Middle Initial)			Date of Descipt		
C.	Mr. John Countzler  Mailing Address PO Box 20007			Date of Receipt		
	Walling Address FO Box 20007			08 22 2006		
	City	State	Zip Code	Transaction ID: 12979519		
	Owensboro	KY	42304-0007	Amount of Each Receipt this Period		
	FEC ID number of contributing			1000.00		
	federal political committee.	C		1000.00		
	Name of Employer Owensboro Medical Health	Occupation				
	System		ng Manager	_		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1	1000.00			
	Other (specify)			1		
_	UDTOTAL (D T			2600.00		
L	UBTOTAL of Receipts This Page (optional)		······			
1						

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 72 / 104
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δn	y information copied from such Reports and Sta	tements may	v not he sold or used by any nerso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\	American Hospital Association PAC			
/	American Hospital Association 1 Ac			
	Full Name (Last, First, Middle Initial)			
٩.	Mr. Tony E. Welch			Date of Receipt
	Mailing Address 112 Deerfield Hills Road			M M / D D / Y Y Y Y
				08 22 2006
	City	State	Zip Code	Transaction ID: 12979521
	Elizabethtown	KY	42701-6974	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		300.00
	Name of Employer Hardin Memorial Hospital	Occupation	n	
	Traidin Memorial Flospital	Vice Pres	sident, Human Resources	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		200.00	
	Other (specify)		300.00	
	Full Name (Last, First, Middle Initial)			
3.	Ms. Kathryn Cook			Date of Receipt
	Mailing Address 7380 Turfway Road			M M / D D / Y Y Y Y
				08 22 2006
	City	State	Zip Code	Transaction ID: 12979523
	Florence	KY	41042-1337	Amount of Each Receipt this Period
	FEC ID number of contributing	С		300.00
	federal political committee.			000.00
	Name of Employer	Occupation	<u> </u>	$\dashv$
	St. Luke Hospital West		Administrative and Corporate	
	Receipt For:		Year-to-Date V	<del>-</del>
	Primary General	Ayyreyale	e rear-to-Date V	
	Other (specify)	' '	300.00	
	Other (specify)	0 0		
	Full Name (Last, First, Middle Initial)			+
Э.	Mr. David J. Lang			Date of Receipt
	Mailing Address 1008 Crewn Point			M M / D D / Y Y Y Y
				08 22 2006
	City	State	Zip Code	Transaction ID: 12979539
	Madisonville	KY	42431-8692	Amount of Each Receipt this Period
	FEC ID number of contributing			200.00
	federal political committee.	C		300.00
	Name of Employer Regional Medical Center	Employer Occupation		
	of Hopkins Cou		sident Human Resources	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	
	Other (specify) ▼		000.00	
				900.00
SI	UBTOTAL of Receipts This Page (optional)		······	300.00
T	OTAL This Period (last page this line number or	าly)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 73 / 104
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S	tatements may	y not be sold or used by any persor	for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			5. (5
A. Mr. Garren Colvin  Mailing Address 1 Medical Village Drive			Date of Receipt
Mailing Address 1 Medical Village Drive	<del>;</del>		08 22 2006
City	State	Zip Code	Transaction ID: 12979540
Covington	KY	41017-3403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer St. Elizabeth Medical Cen-	Occupatio	n	7
St. Elizabeth Medical Cen- ter-South	Senior V	ice President and Chief Finan	nd
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General  Other (specify) ▼		300.00	
Calci (Speeliy) \	0 0	1 1 1 1 1 1 1	
Full Name (Last, First, Middle Initial)  3. Ms. Karen Profitt Newman	!		Date of Receipt
Mailing Address 4000 Kresge Way			08 22 2006
City	State	Zip Code	0 8 2 2 2 0 0 6 Transaction ID: 12979541
Louisville	KY	40207-4676	Amount of Each Receipt this Period
FEC ID number of contributing			300.00
federal political committee.	C		300.00
Name of Employer	Occupation	n	†
Baptist Hospital East	Vice Pres	sident	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Carlos (opensa), 🗸			
Full Name (Last, First, Middle Initial)			Data of Despire
Mr. Mark B. Carter  Mailing Address 200 Abraham Flexner	May		Date of Receipt
200 Aprailail i lexilei	vvay		08 28 2006
City	State	Zip Code	Transaction ID: 13007673
Louisville	KY	40202-1818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		0.00
Name of Employer Jewish Hospital & St. Mar-	Occupation	<sup>n</sup> President and Chief Financial	
y's HealthCar Receipt For:		e Year-to-Date   Time Time Time Time Time Time Time Time	
Primary General	39 13		[MEMO ITEM] Refund(s) on Schedule B
Other (specify)		0.00	Refund(s) on Schedule B Totaling \$600.00 This changes the YTD Total to \$0
			1 00
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	600.00
· · · · · · · · · · · · · · · · · · ·			
TOTAL This Period (last page this line number	only)	<b>&gt;</b>	

SCHEDULE A (FEC Form	3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 74/104
ITEMIZED RECEIPTS	•	or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports	and Statements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than us	ing the name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association F	PAC		_
Full Name (Last, First, Middle Initial)  Katie Vaughan			Date of Receipt
Mailing Address 10-B Auburn Co	urt		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1034595117417
Alexandria	VA	22305-2924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer American Hospital Associa-	Occupation Associate	n e Director	
tion-Washingt Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	340.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)  3. Ms. Melinda Reid Hatton	I		Date of Receipt
Mailing Address 325 Seventh Stre Suite 700			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1045726217417
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer American Hospital Associa-	Occupation		
tion-Washingt Receipt For:		ief Washington Counsel e Year-to-Date ▼	_
Primary General	Aggregate	e real-lo-Dale V	P/R Deduction (\$40.00 Bi-
Other (specify)		680.00	Weekly)
Full Name (Last, First, Middle Initial)  Ms. Sohini Jindal			Date of Receipt
Mailing Address 325 Seventh Stre	eet, NW		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1125613617417
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer American Hospital Associa-	Occupation		
tion-Washingt		ssociate Director	_
Receipt For:    Primary   General	Aggregate	e Year-to-Date ▼	D/D Doduction (\$00.00 D)
Other (specify) ▼		340.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (opti-	onal)		160.00
TOTAL This Desired Asset 1971	le au au-l-A		
<b>TOTAL</b> This Period (last page this line n	umber only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 104		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17		
Δη	y information copied from such Reports and Si	tatements may	y not he sold or used by any ners			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson			Date of Receipt		
	Mailing Address 107 East Lane			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR327727317417		
	Lake Barrington	<u>IL</u>	60010-1939	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		80.00		
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, PMGs			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		680.00	P/R Deduction (\$40.00 Bi- Weekly)		
— В.	Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner			Date of Receipt		
	Mailing Address 11004 Petersborough			M " M / D " D / Y " Y " Y " Y		
	City	State	Zip Code	Transaction ID: PR327745917417		
	Rockville	MD	20852-3249	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		80.00		
	Name of Employer American Hospital Associa-	Occupation	า			
	tion-Washingt		Grassroots Advocacy			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		680.00	P/R Deduction (\$40.00 Bi- Weekly)		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele			Date of Receipt		
	Mailing Address 1003 Kimberly Place			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR327801717417		
	Great Falls	VA	22066-1546	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		40.00		
	Name of Employer American Hospital Associa- tion-Washingt		n e Vice President e Year-to-Date ▼			
	Receipt For:  Primary  General	Aggregate	; rear-lu-Dale ▼	D/D Deduction (\$20.00 D)		
	Other (specify) ▼		340.00	P/R Deduction (\$20.00 Bi- Weekly)		
s	UBTOTAL of Receipts This Page (optional)			200.00		
H	TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 76 / 104		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••			Detailed Summary Page	X   11a     11b     11c     12     15     16     17		
Δr	y information copied from such Reports and Sta	atements may	not he sold or used by any nerso			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt		
	Mailing Address 325 Seventh Street, NV Suite 700			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR327812017417		
	Washington	DC	20004-2818	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		40.00		
	Name of Employer American Organization of Nurse Executi	Occupation Executive				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	340.00	P/R Deduction (\$20.00 Bi- Weekly)		
В.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt		
	Mailing Address 2401 Calvert Street, NV Apt. 1008	V		M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR327851917417		
	Washington	DC	20008-2614	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		40.00		
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director.	n Policy Development			
	Receipt For:		e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	340.00	P/R Deduction (\$20.00 Bi- Weekly)		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt		
	Mailing Address 325 Seventh Street, NV Suite 700	V		M * M / D * D / Y * Y * Y * Y		
	City	State	Zip Code	Transaction ID: PR327858017417		
	Washington	DC	20004-2818	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		80.00		
	Name of Employer American Hospital Associa- tion-Washingt		e Director, AHAPAC			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		680.00	P/R Deduction (\$40.00 Bi- Weekly)		
s	UBTOTAL of Receipts This Page (optional)			160.00		
T	TOTAL This Period (last page this line number only)					

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 77 / 104
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327877817417
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		83.32
	Name of Employer American Hospital Associa-	Occupation Regional	n Executive	
	tion-Chicago Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		P/R Deduction (\$41.66 Bi-
	Other (specify) ▼		708.22	Weekly)
	Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson			Date of Receipt
•	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR327942117417
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt	Presiden	-	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		680.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
٠.	Mailing Address 204 South 7th Avenue			M M / D D / Y Y Y Y
	204 South /th Avenue			W W / D D / 1 - 1 - 1
	City	State	Zip Code	Transaction ID: PR328136917417
	<u>La Grange</u>	IL	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		80.00
	Name of Employer	Occupation	n	7
	American Hospital Associa- tion-Chicago	Sr. Vice I	President, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		680.00	P/R Deduction (\$40.00 Bi-
	Other (specify)			Weekly)
s	UBTOTAL of Receipts This Page (optional)			243.32
	·		•	
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  X 11a
Ar	ny information copied from such Reports and Statements	may not be sold or used by any person	13 14 15 16 17  for the purpose of soliciting contributions
or	for commercial purposes, other than using the name and	address of any political committee to s	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
A.	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date of Receipt
	Mailing Address 5545 N. Wayne		M M / D D / Y Y Y Y
	City State	Zip Code	Transaction ID: PR328223817417
	<u>Chicago</u> IL	60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer American Hospital Association-Chicago  Occup Vice F	ation President	
	Receipt For: Primary General Other (specify)	gate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		M " M / D " D / Y " Y " Y " Y
	City State	'	Transaction ID: PR328224817417
	Washington DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		80.00
	Name of Employer American Hospital Associa- Regio		
	tion-Washingt	nal Executive	_
	Receipt For: Aggre Primary General	gate Year-to-Date ▼	D/D Dadwatian (\$40.00 Di
	Other (specify) ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.		Date of Receipt
	Mailing Address 13106 Vingle Lane		M M / D D / Y Y Y Y
	City State	Zip Code	Transaction ID: PR328224917417
	Silver Spring MD	20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		80.00
	Name of Employer American Hospital Association-Washingt  Occup Sr. Vi	ation ce President	
		gate Year-to-Date ▼	
	Primary General Other (specify) ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)		200.00
Т	OTAL This Period (last page this line number only)	<b>&gt;</b>	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of or for commercial purposes, other than using the name and address of any political committee to solicit contributions  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Mr. Ronald O. Purcell  Mailing Address 1093 N. Faldo Way  City State Zip Code Transaction I  Eagle ID 83616-5369  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  B. Mr. Richard J. Pollack  Mailing Address 325 Seventh Street, NW Suite 700  City State Zip Code Transaction I  Transaction I	1b 11c 12 1 15 16 17 soliciting contributions
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Mr. Ronald O. Purcell  Mailing Address 1093 N. Faldo Way  City State Zip Code Transaction I  Eagle ID 83616-5369  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. Mr. Richard J. Pollack  Mailing Address 325 Seventh Street, NW Suite 700  City State Zip Code Transaction I  Date of Receipt For Seventh Street, NW Suite 700  State Zip Code Transaction I	from such committee.
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tion-Chicago Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  P/R Deduction Weekly)  Full Name (Last, First, Middle Initial)  Mr. Richard J. Pollack  Mailing Address 325 Seventh Street, NW Suite 700  City  State Zip Code  Transaction I	55.56
tion-Chicago Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  P/R Deduction Weekly)  Full Name (Last, First, Middle Initial)  Mr. Richard J. Pollack  Mailing Address 325 Seventh Street, NW Suite 700  City  State Zip Code  Transaction I	
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B. Mr. Richard J. Pollack  Mailing Address 325 Seventh Street, NW Suite 700  City State Zip Code Transaction I	
Suite 700 City State Zip Code Transaction I	pt
Suite 700 City State Zip Code Transaction I	D / Y Y Y Y
We also set as	D: PR328260917417
Washington DC 20004-2818 Amount of Ea	ch Receipt this Period
FEC ID number of contributing	100.00
federal political committee.	160.00
Name of Employer American Hospital Associa-  Occupation  Figure Vice President	
American Hospital Associa- tion-Washingt Executive Vice President	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General P/R Deduction	n (\$80.00 Bi-
Other (specify) ▼ 1360.00 Weekly)	
Full Name (Last, First, Middle Initial)  C. Mr. Richard H. Wade Date of Recei	nt
	D / Y Y Y Y
City State Zip Code Transaction I	<b>D:</b> PR328310417417
Arnold MD 21012-2126 Amount of Ea	ch Receipt this Period
FEC ID number of contributing federal political committee.	80.00
Name of Employer Occupation	
Name of Employer American Hospital Association-Washingt  Occupation  Sr. Vice President, Communications	
Receipt For:  Aggregate Year-to-Date ▼	
Discours Occasion	n (\$40.00 Di
Other (specify) ▼ 680.00 P/R Deduction Weekly)	
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SUBTOTAL of Receipts This Page (optional)	295.56

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any persor lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt
	Mailing Address 1001 N. Potomac St.			M " M
	City	State	Zip Code	Transaction ID: PR328312717417
	<u>Arlington</u> V	/A	22205-1629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1 1 1 1 1	80.00
	American Hoenital Accocia-	cupatior enior Vi	ce President	
	Receipt For: Ag	ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	680.00	P/R Deduction (\$40.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M " M
	•	State	Zip Code	Transaction ID: PR328341817417
		OC .	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			80.00
	American Hospital Associa-	cupation	n Political Action & Grassroot	
	tion-Washingt		Year-to-Date ▼	-
	Primary General Other (specify) ▼	99.090.0	680.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511817417
	<u>Yardley</u> P	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			95.20
	American Heapital Access	cupatior egional	n Executive	
	Receipt For: Ag	ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	533.20	P/R Deduction (\$47.60 Bi- Weekly)
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	OTAL This Period (last page this line number only)			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Ms. Alicia N. Mitchell  Mailing Address 909 N. Madison St.  City  Arlington  VA 2225-1655  FEC ID number of contributing federal pollical committee.  C primary General  Occupation  Mailing Address 801 Pennsylvania Ave, NW  #245  City  State Zip Code  Weekly)  Date of Receipt  Transaction ID: PR328512017417  Amount of Each Receipt this Period  P/R Deduction (\$20.00 Bi-Weekly)  Date of Receipt  Transaction ID: PR328767017417  Amount of Each Receipt this Period  FEC ID number of contributing federal pollical committee.  Name of Employer  American Hospital Associations and the primary General Primary General  Occupation  Vice President, Federal Relations  Receipt For:  PC ID number of contributing federal pollical committee.  Name of Employer  American Hospital Associations Aggregate Year-to-Date ▼  P/R Deduction (\$40.00 Bi-Weekly)  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)	S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 81 / 104
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. M. Alcian K. Michaell  Maling Address 909 N. Madison St.  City  Affington  VA 22205-1655  FEC ID number of contributing federal political committee.  C. State  Zip Code  Aggregate Year-to-Date ▼ Primary  General  Other (specify ▼ Washington  PFEC ID number of contributing federal political committee.  C. State  Zip Code  Aggregate Year-to-Date ▼ Primary  General  Other (specify For: Primary  Aggregate Year-to-Date ▼  Primary  Fig. Data and State and		•			(check only one)
Any information capled from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commending lurposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  Mailing Address 90.9 N. Madison St.  City State Zip Code Arrington VA 22205-1665  FEC ID number of contributing federal political committee.  C Cupation  Name of Engloyer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼  Washington DC 20004-2615  FEU I Number of contributing federal political committee.  C Cupation  Mailing Address 801 Pennsylvania Ave, NW #245  City State Zip Code American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. Marker (Last, First, Middle Initial)  B. Marker (Last, First, Middle Initial)  C Coupation  Mailing Address 801 Pennsylvania Ave, NW #245  City State Zip Code American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C Coupation  Name of Engloyer American Hospital Association-Washington Beneral Other (specify) ▼  Full Name (Last, First, Middle Initial)  C Cupation  Name of Engloyer American Hospital Association-Washington Beneral Other (specify) ▼  Full Name (Last, First, Middle Initial)  C Cupation  Name of Engloyer American Hospital Association-Washington Beneral Other (specify) ▼  Full Name (Last, First, Middle Initial)  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggreg	• • • • • • • • • • • • • • • • • • • •	EIMIZED RECEIP 13			
NAME OF COMMITTEE (In First) American Hospital Association PAC  Full Name (Last, First, Middle Initial) A. Ms. Micea M. Miceal Malling Address 909 N. Madison St.  City State Zip Code YA 22205-1655 FEC ID number of contributing foederal political committee.  Pyrimary General Other (specify) ▼					
American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Ms. Alica M Michael  Mailing Address 909 N. Madison St.  City State Zip Code YA 22205-1655  FEC ID rumber of contributing federal political committee.  Name of Employer American Hospital Association Washington  Full Name (Last, First, Middle Initial)  B. Ms. Anne E. Ubl  Mailing Address 801 Pennsylvania Ave, NW #245  City State Zip Code Yarana Yar	Ar or	ly information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	r not be sold or used by any person Iress of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. Ms. Alidia N. Michel  Mailing Address 909 N. Madison St.  City  City  State  Zip Code  Arlington  VA  22295-1655  FEC ID number of contributing federal political committee.  Primary  General  Other (specify) ▼  State  Zip Code  Aggregate Year-to-Date ▼  Primary  Mailing Address  801 Pennsylvania Ave, NW  #245  City  State  Zip Code  Transaction ID: PR328512017417  Amount of Each Receipt this Period  P/R Deduction (\$20.00 Bi-Weekly)  P/R Deduction (\$20.00 Bi-Weekly)  Date of Receipt  Transaction ID: PR328767017417  Amount of Each Receipt this Period  P/R Deduction (\$20.00 Bi-Weekly)  P/R Deduction (\$20.00 Bi-Weekly)  Date of Receipt  Transaction ID: PR328767017417  Amount of Each Receipt this Period  City  State  Zip Code  Transaction ID: PR328767017417  Amount of Each Receipt this Period  City  State  Zip Code  Transaction ID: PR328767017417  Amount of Each Receipt this Period  City  City  State  Zip Code  Transaction ID: PR328767017417  Amount of Each Receipt this Period  City  City  State  Zip Code  Transaction ID: PR328767017417  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  P/R Deduction (\$40.00 Bi-Weekly)	$\setminus$	NAME OF COMMITTEE (In Full)			
A. Mischian Mitchell  Mailing Address 909 N. Madison St.  City City State Zip Code Arlington VA 22205-1655  FEC ID number of contributing feeteral political committee.  C  Name of Employer American Hospital Associa- tion: Washingt City Washington Dither (specify) ▼  Full Name (Last, First, Middle Initial) B. Ms. Anne E. Ubl Mailing Address 801 Pennsylvania Ave, NW #245  City Washington Dither (specify) ▼  Full Name (Last, First, Middle Initial) C  State Zip Code Washington Dither (specify) ▼  Date of Receipt  Transaction ID: PR328767017417  Amount of Each Receipt this Period  P/R Deduction (\$20.00 Bi- Weekly)  Date of Receipt  Transaction ID: PR328767017417  Amount of Each Receipt this Period  P/R Deduction (\$40.00 Bi- Weekly)  Transaction ID: PR328767017417  Amount of Each Receipt this Period  P/R Deduction (\$40.00 Bi- Weekly)  Full Name (Last, First, Middle Initial) C. Ms. Rebecac Chickey One North Franklin Street City Chicago IL 80666  FEC ID number of contributing federal political committee.  C  Name of Employer American Hospital Associa- tion: Chicago IL 80666  FEC ID number of contributing federal political committee.  C  Aggregate Year-to-Date ▼ Primary General Other (specify) ▼  State Zip Code Chicago IL 80666  FEC ID number of contributing federal political committee.  C  Aggregate Year-to-Date ▼ Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-		American Hospital Association PAC			
City Arlinaton  VA 22205-1655  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association: Washingt Name of Employer American Hospital Association: Washingt Receipt For:  Primary General Other (specify) ▼	A.	Ms. Alicia N. Mitchell			Date of Receipt
Arlington VA 22205-1655  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Associations Visce President, Media Relations Vice President, For In Name (Last, First, Middle Initial)  B. Ms. Anne E. Ubi Maling Address 801 Pennsylvania Ave, NW #245  City State Zip Code Vashington DC 20004-2615  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Associations Vice President, Federal Relations Vice President Vice President Vice President Vice President Vice Vice Vice Vice Vice Vice Vice Vice					
FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association. Washing: Receipt For:   Cher (specify) ▼   Cher (specify) ▼   Cher (specify) ▼				•	
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Other (specify) ▼  State Zip Code #245  City #245  City State Zip Code #25 Docupation Washington DC 20004-2615  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Washingt Receipt FC:    Mailing Address AHA		tion washingt			1
B. Ma. Anne E. Ubi Mailing Address 801 Pennsylvania Ave, NW #245 City State Zip Code Washington DC 20004-2615  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Washingt Receipt Franklin Street City State Zip Code Primary General One North Franklin Street City State Zip Code Mailing Address AHA One North Franklin Street City State Zip Code LL 60606 FEC ID number of contributing federal political committee.  P/R Deduction (\$40.00 Bi-Weekly)  Date of Receipt  Transaction ID: PR328767017417  Amount of Each Receipt this Period  P/R Deduction (\$40.00 Bi-Weekly)  Date of Receipt  Transaction ID: PR329013417417  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  P/R Deduction (\$20.00 Bi-Weekly)  P/R Deduction (\$20.00 Bi-Weekly)		Primary General	1 1	240.00	P/R Deduction (\$20.00 Bi-
B. Ms. Anne E. Ubl  Mailing Address 801 Pennsylvania Ave, NW  #245  City State Zip Code DC 20004-2615  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago FEC ID number of contributing C		Other (specify) ▼			Weekly)
#245 City State Zip Code Washington DC 20004-2615  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Washingt Receipt For:  Primary General Other (specify) ▼	В.				Date of Receipt
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FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Washingt Receipt For:  Primary General Other (specify) ▼  C. Ms. Rebeca Chickey Mailing Address AHA One North Franklin Street  City State Zip Code IL 60606  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For:  Name of Employer American Hospital Association-Chicago Receipt For:  Primary General Occupation Director, Psychiatric and Substance Ab Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Cocupation Director, Psychiatric and Substance Ab Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  P/R Deduction (\$20.00 Bi-Weekly)		·		Zip Code	Transaction ID: PR328767017417
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Primary General Other (specify) ▼  C. Ms. Rebecca Chickey Mailing Address AHA One North Franklin Street  City Chicago FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  P/R Deduction (\$40.00 Bi-Weekly)  Date of Receipt  M M		tion-Washingt I VIII			_
Other (specify) ▼  C. Ms. Rebecca Chickey  Mailing Address AHA One North Franklin Street  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago  Receipt For:  Primary General Other (specify) ▼  Addition-Chicago  Aggregate Year-to-Date ▼  P/R Deduction (\$20.00 Bi-Weekly)			ggregate	Year-to-Date ▼	
C. Ms. Rebecca Chickey  Mailing Address AHA  One North Franklin Street  City  State Zip Code  Chicago  IL 60606  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago  Receipt For:  Primary  General  Other (specify) ▼  Date of Receipt  Transaction ID: PR329013417417  Amount of Each Receipt this Period  Amount of Each Receipt this Period  40.00  P/R Deduction (\$20.00 Bi-Weekly)				640.00	P/R Deduction (\$40.00 Bi- Weekly)
Mailing Address AHA  One North Franklin Street  City  Chicago  IL  60606  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago  Receipt For:  Primary  Other (specify) ▼  AHA  One North Franklin Street  State Zip Code  Transaction ID: PR329013417417  Amount of Each Receipt this Period  40.00  Amount of Each Receipt this Period  40.00  P/R Deduction (\$20.00 Bi-Weekly)	<u> </u>	, , , ,			Date of Receipt
City State Zip Code Chicago  IL 60606  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago  Receipt For:  Primary General Other (specify) ▼  State Zip Code IL 60606  Amount of Each Receipt this Period  40.00  Aggregate Year-to-Date ▼  P/R Deduction (\$20.00 Bi-Weekly)					†
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American Hóspital Association-Chicago  Receipt For:  Primary Other (specify) ▼  Director, Psychiatric and Substance Ab  Aggregate Year-to-Date ▼  P/R Deduction (\$20.00 Bi-Weekly)					40.00
tion-Chicago Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  P/R Deduction (\$20.00 Bi-Weekly)  P/R Deduction (\$20.00 Bi-Weekly)		Name of Employer Oc	cupation	1	1
Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  P/R Deduction (\$20.00 Bi-Weekly)  P/R Deduction (\$20.00 Bi-Weekly)		American Hospital Associa- tion-Chicago	rector,	Psychiatric and Substance Al	
Other (specify) ▼ 340.00 Weekly)			ggregate	Year-to-Date ▼	
Other (specify)		, –		340.00	P/R Deduction (\$20.00 Bi-
SUBTOTAL of Receipts This Page (optional)		Other (specify)	0 0	040.00	weekiy)
	s	UBTOTAL of Receipts This Page (optional)			120.00
TOTAL This Period (last page this line number only)	H				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 82 / 104
TEMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and S	tatements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  A. Dr. John R. Combes, MD			Date of Receipt
Mailing Address 1905 Christopher Place	<u></u> е		M M / D D / Y Y Y Y
<u> </u>			
City Harrisburg	State PA	Zip Code	Transaction ID: PR329071317417
		17110-3573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer Center for Healthcare Gov-	Occupatio	n t and COO	7
ernance Receipt For:		e Year-to-Date $lacktriangle$	-
Primary General	riggregati		P/R Deduction (\$60.00 Bi-
Other (specify) ▼		480.00	Weekly)
Full Name (Last, First, Middle Initial)  3. Mr. W. Thomas Deweese			Date of Receipt
Mailing Address 500 Interstate Bouleva	rd South		M M / D D / Y Y Y Y
City	State TN	Zip Code	Transaction ID: PR329215717417
Nashville	IIN	37210-4634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer American Hospital Associa-	Occupatio		
tion-Chicago Receipt For:		Executive e Year-to-Date ▼	_
Primary General	Aggregate	e rear-lo-dale V	P/R Deduction (\$40.00 Bi-
Other (specify) ▼	0 0	680.00	Weekly)
Full Name (Last, First, Middle Initial)  C. Ms. Tama Mattocks	<u>I</u>		Date of Receipt
Mailing Address 325 Seventh Street, N Liberty Place, Suite 70			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR330273417417
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing	С		40.00
federal political committee.	0		
Name of Employer American Hospital Associa-	Occupatio		
tion-Washingt Receipt For:		ssociate Director e Year-to-Date ▼	_
Primary General	Aggregate	e Teal-IO-Dale V	P/R Deduction (\$20.00 Bi-
Other (specify) ▼		340.00	Weekly)
SUBTOTAL of Receipts This Page (optional)			240.00
		······································	
TOTAL This Period (last page this line number	only)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 83 / 104
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Circle West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330475417417
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation	n Executive	
	Receipt For:		e Year-to-Date ▼	_
	Primary General	00 0		P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	680.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Dr. Donald Nielsen, MD			Date of Receipt
	Mailing Address 195 Oxford Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330524817417
	Alamo	CA	94507-1753	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago		ice President	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D   1   1   10   10   D
	Other (specify)		640.00	P/R Deduction (\$40.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Receipt
	Mailing Address 6109 North 9th Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330534317417
	Arlington	VA	22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt	Sr. Assoc	ciate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	340.00	P/R Deduction (\$20.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			160.00
			•	
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 84 / 104		
			Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Curring Fage	13 14 15 16 17		
An	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
/	American Hospital Association PAC					
Δ.	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt		
	Mailing Address 530 North Lakeshore Dr	rive		M M / D D / Y Y Y Y		
	Unit 2303	01-1-	7:- Oada			
	City Chicago	State II	Zip Code	Transaction ID: PR330547717417		
		IL.	60611-7424	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		40.00		
	Name of Employer American Hospital Associa-	Occupation		7		
	tion-Chicago Receipt For:		sident, Strategic Planning e Year-to-Date ▼	_		
	Primary General	Aggregate	, real to bate V	P/P Doduction (\$20.00 Pi		
	Other (specify) ▼	0 0	340.00	P/R Deduction (\$20.00 Bi- Weekly)		
_	Full Name (Last, First, Middle Initial)			2(2)		
<b>3</b> .	Ms. Eileen O'Keefe			Date of Receipt		
	Mailing Address One North Franklin			M M / D D / Y Y Y		
	City	State	Zip Code	Transaction ID: PR330549217417		
	Chicago	<u> </u>	60606-3436	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		40.00		
	rederal political committee.					
	Name of Employer American Hospital Associa-	Occupation				
	tion-Chicago		sident, Member Relations	<u></u>		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼			
	Other (specify)	' '	340.00	P/R Deduction (\$20.00 Bi- Weekly)		
	Curior (specify)	0 0	0 0 0 0 0 0 0	Wooday)		
Э.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt		
	Mailing Address 325 Seventh Street, NW	l		M " M / D " D / Y " Y " Y " Y		
	Suite 700	C+a+-	7in Codo			
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR330776117417		
	·	ЪС	20004-2818	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		43.48		
	Name of Employer American Hospital Associa-	Occupation		7		
	tion-Washingt		ocacy & Member Communic	cations		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	' '	304.36	P/R Deduction (\$21.74 Bi-		
	Other (specify) ▼	0 0		Weekly)		
S	SUBTOTAL of Receipts This Page (optional)					
	age (optional)		·······			
т	OTAL This Period (last page this line number o	nlv)	<b>&gt;</b>			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 104
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED NEOLII 13		Detailed Summary Page	X   11a   11b   11c   12
Δ				13 14 15 16 17
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and ado	rnot be sold or used by any personal tress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt
	Mailing Address PO Box 15587			M " M / D " D / Y " Y " Y " Y
	City	State TX	Zip Code	Transaction ID: PR331416017417
	Austin	78761-5587	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.32
	Name of Employer American Hospital Associa- tion	Occupation AHA Reg	ional Executive for TX	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		708.22	P/R Deduction (\$41.66 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Donald May			Date of Receipt
	Mailing Address 521 Great Falls Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331533217417
	Falls Church	VA	22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		sident, Policy	
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	660.00	P/R Deduction (\$40.00 Bi- Weekly)
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR517619717417
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation	n ciate Director	
	tion-Washingt Receipt For:		Year-to-Date <b>V</b>	-
	Primary General	Aggregate	Teal to Bate V	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		340.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			203.32
$\vdash$	OTAL This Period (last page this line number of		<u> </u>	66780.34
		, ,	<b>-</b>	

FOR LINE NUMBER: PAGE 86 / 104 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Citibank, F.S.B. Date of Receipt Mailing Address 1400 G Street, NW 0 8 31 2006 City Zip Code State Transaction ID: 12978765 Washington DC 20005 Amount of Each Receipt this Period FEC ID number of contributing C 359.77 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Bank Interest Received 2693.83 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	359.77
TOTAL This Period (last page this line number only)	•	359.77

SCHEDOLL B (I LCI OIII 3X)	Use seperate schedule(s) (check	INE NUMBER: PAGE 8//104
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page  X 21 27	b 22 23 24 25 26
Any Information copied from such Reports and Sta		
or for commercial purposes, other than using the n	ame and address of any political committee t	o solicit contributions from such committee
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
American Hospital Association FAC		
Full Name (Last, First, Middle Initial)  A. Merchant Bankcard		Transaction ID: 12978766
A. Merchant Bankcard		Date of Disbursement
Mailing Address 1601 Elm Street		08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City	State Zip Code	Amount of Each Disbursement this Period
Dallas Purpose of Disbursement	TX 75201	148.92
Bank Fees	001	
Candidate Name	Category/ Type	_
Senate President	rsement For: Primary General Other (specify)	Bank Fees
State: District: Full Name (Last, First, Middle Initial)		
B. Citibank, F.S.B.		Transaction ID: 12978767 Date of Disbursement
Mailing Address 1400 G Street, NW		08 18 2006
City Washington	State Zip Code DC 20005	Amount of Each Disbursement this Period
Purpose of Disbursement		62.60
Bank Fees	001	
Candidate Name	Category/ Type	
Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify) ▼	Bank Fees
State: District:		
Full Name (Last, First, Middle Initial)  C. American Express		<b>Transaction ID:</b> 12978770  Date of Disbursement
Mailing Address Ste. 001		08
City Chicago	State Zip Code IL 60679	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees	001	130.20
Candidate Name	Category/ Type	-
Office Sought:  Senate  President  State:  Disbu	rsement For: Primary General Other (specify)	Bank Fees
Otate. District.		
SUBTOTAL of Disbursements This Page (option	al)	341.72
TOTAL This Period (last page this line number or	nly)	341.72

	CHEDULE B (FEC Form 3X)		erate schedule(s) category of the				NE NUMBER: only one)									
	EMIZED DISBURSEMENTS		Summary Page			21b 27		22 X 23 28a 28				24 28		25 29		
	r Information copied from such Reports and State or commercial purposes, other than using the na														IS	
$\vdash$	NAME OF COMMITTEE (In Full)															
	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Mike Pence Committee							Trans Date				_	3408			
	Mailing Address P. O. Box 408							0 <sup>M</sup> 8	М	′	0 1	) 	Y	ž 0 ŏ (	6 Y	
	City Anderson	State IN	Zip Code 46015					Amou	ınt o	of Ea	ch D	isbui	seme	nt this	Period	
	Purpose of Disbursement Contribution				0	11			0					1000.	00	
	Candidate Name Rep. Michael R. Pence			С		egory/ /pe										
	Senate President	sement For: Primary Other (spe	2006 X General ecify) ▼					Contr	ibu	tion						
	State: IN District: 6 Full Name (Last, First, Middle Initial)							Trans	sact	ion	ID: 1	282	3406			
B.	Friends Of Jay Rockefeller  Mailing Address PO Box 1909							Date 0 8	of D			) /	Y	ž 0 0 (	3 Y	
	City	State	Zip Code					Amou	ınt o	of Ea	ch Γ	)iebu		nt this		
	Charleston	WV	25327					741100		,	OII E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1000.		
	Purpose of Disbursement 2008 Contribution					11			0					1000.		
	Candidate Name Sen. John D. Rockefeller, IV			С		egory/ /pe										
		sement For: X Primary Other (spe	2008 General					2008	Co	ntrik	outio	on				
<u> </u>	Full Name (Last, First, Middle Initial) Price For Congress Committee							Trans					1609			
	Mailing Address P. O. Box 1986							0 <sup>M</sup> 8	М	′	0 3	3 /	Y	ž 0 Ŏ (	S Y	
	City Raleigh	State NC	Zip Code 27602					Amou	ınt o	of Ea	ch C	isbui		nt this		
	Purpose of Disbursement Contribution				0	11			0					1000.	00	
	Candidate Name Rep. David E. Price			С		egory/ /pe										
	Office Sought:  X House Senate President State: NC District: 4	sement For: Primary Other (spe	2006 X General ecify) ▼					Contr	ibu	tion						
SI	JBTOTAL of Disbursements This Page (ontional	()				. •					,			3000.	00	
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	SHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s	s)			INE N	IUMBE	:H:			PAG	E 89 /	104
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21	b Ľ	22 28a	Х	23 28b		24 28c	25 29	26 30b
	y Information copied from such Reports and State												ns
or	for commercial purposes, other than using the na	me and address of any politica	al com	nm	iittee i	O SOIIC	onti	ributi	ions tr	om s	ucn con	nmittee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
<u></u>	Full Name (Last, First, Middle Initial)						Trans		an ID	. 100	381668	,	
Α.	Talent For Senate Committee						Date		isburs	emer	nt		V
	Mailing Address 147 N Meramec Suite 1	00					0 <sup>M</sup> 8	IVI	′	3	′ L.	ž 0 ŏ	6 '
	City St Louis	State Zip Code MO 63105					Amou	int o	f Each	n Dist	ourseme	ent this	Period
	Purpose of Disbursement				_	7						1000	00
	Contribution		_	_	11.								
	Candidate Name Sen. James M. Talent				egory/ ype								
	χ Senate President	sement For: 2006 Primary X General Other (specify) ▼					Contr	ibut	ion				
	State: MO District: 2 Full Name (Last, First, Middle Initial)												
В.	Charles Taylor For Congress Committee						Date	of D	isburs	emer			
	Mailing Address PO Box 2355						8 <sup>M</sup> 0	М	<sup>′</sup> □ <b>C</b>	3	/ Y	ž 0 ŏ	6 <sup>Y</sup>
	City Asheville	State Zip Code NC 28802					Amou	int o	f Each	n Dist	ourseme		
	Purpose of Disbursement Contribution			0	11		L.			-		1000.	.00
	Candidate Name Rep. Charles H. Taylor		Ca	at	egory/ ype	-							
	Office Sought:  X House Senate President  State: NC District: 11	sement For: 2006 Primary X General Other (specify)					Contr	ibut	ion				
<u> </u>	Full Name (Last, First, Middle Initial)										381658	}	
Ο.	Charles Taylor For Congress Committee							of Di	isburs			YY	Y
	Mailing Address PO Box 2355						0 8			3	L.	ž 0 ŏ	6
	City Asheville	State Zip Code NC 28802					Amou	int o	f Each	Disk	ourseme	ent this	Period
	Purpose of Disbursement Contribution			0	11	1						2000	00
	Candidate Name Rep. Charles H. Taylor		Ca	at	egory/ ype	-							
	Office Sought:  X House Senate President  Disbur	sement For: 2006 Primary X General Other (specify) ▼			<u> </u>		Contr	ibut	ion				
Г	State: NC District: 11						_	_			•		
s	UBTOTAL of Disbursements This Page (optional	)				<u> </u>	<u>_</u>	-				4000.	00
т	OTAL This Period (last page this line number onl	y)				•							

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)							PAGE	E 90 / 104						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		heck only 21b 27	y one) 22 28a	, F	24		25 29	26						
Any Information copied from such Reports and State			/ person f	or the pur	pose o	f soli	catin	g contr	ibution						
or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	arne and address of any politica	u commi	ttee to so	iicit contri	Dutions	s iron	n suc	n comi	nittee						
American Hospital Association PAC															
Full Name (Last, First, Middle Initial)  A. Spratt For Congress Committee				Transaction ID: 12881667 Date of Disbursement											
Mailing Address PO Box 830				0 8 M / 0 3 / Y 2 0 0 6 Y											
City York	State Zip Code SC 29745			Amount of Each Disbursement this Perio											
Purpose of Disbursement Contribution		11						4000.	00						
Candidate Name Rep. John M. Spratt, Jr.		Cate Ty													
Senate President	rsement For: 2006 Primary X General Other (specify)			Contri											
State: SC District: 5  Full Name (Last, First, Middle Initial)				Transa	action	ID: 1	288	1669							
B. Louise Slaughter Re-Election Committee	)			Date o	f Disbu	ırsen	nent		2 o ŏ e	Y					
Mailing Address P.O. Box 366 C/0 C. Bruce Lawrence				0.8		0 3									
City Fairport	State Zip Code NY 14450			Amour	nt of Ea	ach D	)isbu		nt this I 2000.						
Purpose of Disbursement Contribution		0-			•	0	-		2000.	50					
Candidate Name Rep. Louise McIntosh Slaughter		Ty	gory/ pe												
Senate President	rsement For: 2006  X Primary General  Other (specify)	•		Contri	bution	1									
State: NY District: 28  Full Name (Last, First, Middle Initial)				Transa	action	ID: 1	288	1611							
C. Coble For Congress					of Disbu			V V	/ ° V °	V					
Mailing Address PO Box 1177				0 8	"]	0 3	3	2	0 Ó 6	3					
City Greensboro	State Zip Code NC 27402			Amour	nt of Ea	ach D	isbu								
Purpose of Disbursement Contribution		0-			•				2000.	00					
Candidate Name Rep. Howard Coble		Cate Ty	gory/ pe												
Office Sought:  X House Senate President State: NC District: 6	rsement For: 2006 Primary X General Other (specify)			Contri	bution	1									
SUBTOTAL of Disbursements This Page (options	SI)		•		•		•	8	000.	00					
TOTAL This Period (last page this line number or	,				•	•	•	•		-					

	CHEDULE B (FEC Form 3X)		erate schedule(s)				NE NUMBER: only one)								104	
11	EMIZED DISBURSEMENTS		category of the Summary Page		È	21b 27	22	22 X 23 28 28 28			, [	24 28		25 29		26 30k
	y Information copied from such Reports and S for commercial purposes, other than using the														IS	
$\setminus$	NAME OF COMMITTEE (In Full)															
$ \rangle$	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Moran For Kansas										ID: 1	288 <sup>-</sup> nent	1664			
	Mailing Address P.O. Box 1151						d	8	М	/ [	0 3	3 /	Y	ž 0 ŏ (	3 Y	
	City Hays	State KS	Zip Code 67601				Ar	nou	nt o	f Ea	ch D	isbur	seme	nt this	Perio	t
	Purpose of Disbursement Contribution			Г	Ō	11		_	_					2000.	00	_
	Candidate Name Rep. Jerry Moran					gory/ pe										
	Senate President	bursement For: Primary Other (spe	2006  X General ecify)				Co	ntr	ibut	tion						
В.	State: KS District: 1  Full Name (Last, First, Middle Initial)  Sue Myrick For Congress										ID: 1	2881 nent	1650			
	Mailing Address P.O. Box 37091							8	М	/ [	0 3	3 /	Y	žoŏ	3 Y	
	City Charlotte	State NC	Zip Code 28237				Ar	nou	nt o	f Ea	ch D	isbur		nt this		t
	Purpose of Disbursement Contribution				0	11		-				-		3000.	00	_
	Candidate Name Rep. Sue Wilkins Myrick					gory/ pe										
	Senate President	bursement For: Primary Other (spe	2006  X General ecify)				Co	ntr	ibut	tion						
	State: NC District: 9															
C.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Vito Fossella						Da	ate (	of D	isbu	rsem	_				
	Mailing Address P.O. Box 131403 PO Box 060248							8	М	/ L	0 3	3 /	Ý ź	ž 0 ŏ (	3 <sup>Y</sup>	
	City Staten Island	State NY	Zip Code 10313				Ar	nou	nt o	f Ea	ch D	isbur		nt this		t
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	Candidate Name Rep. Vito J. Fossella					gory/ pe										
	Office Sought:  X House Senate President State: NY District: 13	bursement For:  X Primary Other (spe	2006 General				Co	ntr	ibut	tion						
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NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Full Name (Last, First, Middle Initial)  A. Sue Kelly For Congress			Transaction ID: 1 Date of Disbursen	
Mailing Address PO Box 599			08 03	2006
City Katonah	State Zip Code NY 10536		Amount of Each D	Disbursement this Period
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Candidate Name Rep. Sue W. Kelly		Category/ Type		
Office Sought:  X House Senate President State: NY District: 19	sement For: 2006 Primary X General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial)  Bob Etheridge For Congress Committee			Transaction ID: 1	nent
Mailing Address Post Office Box 28001 PO Box 28001			08 / 03	2006
City Raleigh	State Zip Code NC 27611	_	Amount of Each D	Disbursement this Period
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Candidate Name Rep. Bob Etheridge		Category/ Type		
Office Sought:    X   House   Disbur     Senate   President     State: NC   District: 2	sement For: 2006 Primary X General Other (specify) ▼		Contribution	
Full Name (Last, First, Middle Initial)  Mike Mcintyre For Congress			Transaction ID: 1 Date of Disbursen	
Mailing Address P.O. Box 1			08 / 03	B
City Lumberton	State Zip Code NC 28359		Amount of Each D	Disbursement this Period
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Candidate Name Rep. Mike McIntyre	0000	Category/ Type		
Office Sought:    X   House   Disbur     Senate   President     State: NC   District: 7	sement For: 2006 Primary X General Other (specify)		Contribution	
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$ \rangle$	American Hospital Association PAC																		
Α.	Full Name (Last, First, Middle Initial) Hayes For Congress							Trans					31639						
	Mailing Address Post Office Box 2000							0 <sup>M</sup> 8	М	/ D	0 3	3 /	Y	ž 0 ŏ	6 <sup>Y</sup>				
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	Mailing Address Post Office Box 2000							0 8			0 3								
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C.	Full Name (Last, First, Middle Initial) Walter Jones Committee 2006							Trans Date		isbur	sen	nent	31599						
	Mailing Address PO Box 99667							0 <sup>M</sup> 8	М	/ D	0 3	3	Y	žoŏ	6 <sup>Y</sup>				
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В.	Full Name (Last, First, Middle Initial) Tom Allen For Congress Committee  Mailing Address P.O. Box 17766							Trans Date		isbu	rsen	nent		Ý 0 Ŏ	6 Y
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C.	Full Name (Last, First, Middle Initial) Brad Miller For United States Congress							<b>Trans</b> Date					1661		
	Mailing Address P.O. Box 10322							0 <sup>M</sup> 8	М	/	0 3	3 /	Y	ž 0 Ŏ	6 <sup>Y</sup>
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C	ailing Address P.O. Box 1100							M /		<sup>D</sup> /	Y Y 2	0 Ď 6	Υ	
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_	ıll Name (Last, First, Middle Initial) utterfield For Congress Committee						Trans Date o			1288 ment	1596			
M	ailing Address PO Box 2571						0 <sup>M</sup> 8	M /	<sup>D</sup> 0	<b>3</b> /	y ž	0 Ď 6	Y	
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M	ailing Address 3000 K Street, NW 5th Floor						0 <sup>M</sup> 8	M /	<sup>D</sup> 0	3	y y 2	0 0 6	Y	
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NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Full Name (Last, First, Middle Initial) - Fallin For Congress			Transaction ID: 1 Date of Disbursen	
Mailing Address 119 N Robinson Su	uite 400		08 03	2006
City Oklahoma City	State Zip Code OK 73102		Amount of Each D	Disbursement this Period
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Candidate Name Mary Fallin		Category/ Type		
Office Sought:    X   House   D     Senate   President     State: OK   District: 5	isbursement For: 2006 Primary X General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial)  Linder For Congress			Transaction ID: 1 Date of Disbursen	nent
Mailing Address P. O. Box 4026			0"8" 0 4	
City Duluth	State Zip Code GA 30096		Amount of Each D	Disbursement this Period
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Full Name (Last, First, Middle Initial) Sanford D. Bishop Jr. For Congress			Transaction ID: 1 Date of Disbursen	nent
Mailing Address P. O. Box 909			08 04	2006
City Columbus	State Zip Code GA 31902		Amount of Each D	Disbursement this Period
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Candidate Name Rep. Sanford D. Bishop, Jr.	2000	Category/ Type		
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	Full Name (Last, First, Middle Initial)								-	7878	2					
Λ.	Porter For Congress						of Di	sburs		nt / V	V V	Υ				
Ī	Mailing Address PO Box 26087					0 <sup>M</sup> 8		(	) 4		žoŏ	6				
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	President	Other (specify)														
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_	Full Name (Last, First, Middle Initial) Pete Sessions For Congress 2006								-	7941	6					
	Pete Sessions For Congress 2006					Date M	of D			it / Y	YY	Y				
Ī	Mailing Address Post Office Box 38585					8 0		_ (	8		žoŏ	6				
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	Candidate Name Rep. Pete Sessions				gory/ pe											
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	Full Name (Last, First, Middle Initial)					Trans	acti	on ID	: 129	7941	1					
C.	Congressman Joe Barton Committee, Th	е				Date	of D			nt						
ļ	Mailing Address P.O. Box 1444					8 <sup>M</sup> 0	М	<sup>'</sup>	8 (	/ Y	žoŏ	6 Y				
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abla	NAME OF COMMITTEE (In Full)															
$ \rangle$	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Kenny Marchant For Congress							Trans Date					414			
	Mailing Address PO Box 110187							0 <sup>M</sup> 8	М	/	0 8	8 /	Y	ž o ŏ (	3 Y	
	City State Zip Code Carrollton TX 75011									f Ea	ch D	isburs	semer	nt this	Perio	t
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B.	Hooley For Congress  Mailing Address PO Box 2050							Date 0 8	of D		rsem	) /	Y	ž 0 Ŏ (	3 Y	
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	City Salem	State OR	Zip Code 97308					Amou	int c	or Ea	cn D	isburs		nt this		ג ר
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C.	Hulshof For Congress - District 09 Misso	uri						Trans Date		isbu				v	V	
	Mailing Address PO Box 1621							0 8		L	11		2	ž 0 ŏ (	3	
	City Columbia	State MO	Zip Code 65205					Amou	unt c	f Ea	ch D	isburs	semer	nt this		t T
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American Hospital Association PAC									
Full Name (Last, First, Middle Initial)						<b>)</b> : 12883	835		
National Leadership PAC					of Disbure		Y Y	Y	Υ
Mailing Address 635 B Pennsylvania Ave				0 <sup>M</sup> 8		1 1 /	2	0 0 6	
City Washington	State Zip Code DC 20005			Amour	nt of Eac	h Disburs	semen	t this P	eriod
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Full Name (Last, First, Middle Initial)						<b>)</b> : 12883	842		
Barrett For Congress					of Disbure	sement	V . V	V	V
Mailing Address P.O. Box 869 PO Box 869				0,8		111	Ž	0 Ď 6	
City Westminster	State Zip Code SC 29693			Amour	nt of Eac	h Disburs	semen	t this P	eriod
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Rep. J. Gresham Barrett		Type	y/						
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State: SC District: 3									
Full Name (Last, First, Middle Initial)  Kay Bailey Hutchison For Senate Committee  Committee  Full Name (Last, First, Middle Initial)	ee			Date o	f Disbur		558		
Mailing Address PO Box 9190 800 Brazos Suite 1200				0 8	M / D	1 7 <sup>/</sup>	Ý Ž	0 Ď 6	<u> </u>
City Dallas	State Zip Code TX 75209			Amour	nt of Eac	h Disburs	semen	t this P	eriod
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NAME OF COMMITTEE (In Full) American Hospital Association PAC	,,											
Full Name (Last, First, Middle Initial)  Judy Biggert For Congress			Transaction ID: 12 Date of Disburseme	ent								
Mailing Address P.O. Box 637			08 / 17 / 2000									
City Hinsdale	State Zip Code IL 60522		Amount of Each Dis	sbursement this Period								
Purpose of Disbursement Contribution	[	011	3000.0									
Candidate Name Rep. Judy Biggert		Category/ Type										
Office Sought:  X House Senate President State: IL District: 13	sement For: 2006 Primary X General Other (specify)		Contribution									
Full Name (Last, First, Middle Initial)  Chet Edwards For Congress			Transaction ID: 12 Date of Disburseme									
Mailing Address PO Box 23273	Mailing Address PO Box 23273											
City Waco	State Zip Code TX 76702		Amount of Each Dis	sbursement this Period								
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Full Name (Last, First, Middle Initial)			Transaction ID: 12	2906259								
Stupak For Congress			Date of Disburseme									
Mailing Address 817 Ninth Avenue P.O. PO Box 143	Box 156		08 / 25	Y 2006								
City Menominee	State Zip Code MI 49858		Amount of Each Dis	sbursement this Period								
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	Mailing Address 81 Warren Street								2	25	Ľ	2	o ŏ e	3
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	Rep. Donald L. Sherwood	0000		T	ype									
	Office Sought: X House Disbut	sement For: 2006 Primary X General					Contr	ibut	ion					
	President	Other (specify)												
_	State: PA District: 10													
В.	Full Name (Last, First, Middle Initial) Friends Of George Allen								ion ID		9062	55		
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_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 12	9778	45		
C.	Friends Of Hillary								isburs	eme	nt			
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	NAME OF COMMITTEE (In Full) American Hospital Association PAC																		
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	City Atlanta	State Zip Code GA 30325 e of Disbursement					Amount of Each Disbursement this Period 2000.00												
	Contribution Candidate Name Sen. Johnny Isakson	akson Disbursement For: 2006			gory/	Contribution	•												
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B.	Hatch Election Committee Inc  Mailing Address 175 South West Ter		Date of Disbursement  M 8 M / D 3 D / Y Y Y O O 6																
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$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC													
۹.	Full Name (Last, First, Middle Initial) Mr. Mark B. Carter  Mailing Address 200 Abraham Flexne	Way				Date o		sburse		98808 ent		οŏε	Y	
	City Louisville Purpose of Disbursement Refund Candidate Name	State Zip Code KY 40202-1818	01	0gory/		Amou	nt of	Each	Dis	burser	men	t this F		od
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